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Jewkes, Rachel Katherine

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MEANINGS OF 'COMMUNITY' IN COMMUNITY PARTICIPATION IN HEALTH PROMOTION

Dr Rachel Katharine JEWKES

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DEDICATION

for Sisa

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ABSTRACT

Community participation in health promotion is an important tenet of the World Health Organisation's strategy for Health For All by the Year 2000. Throughout the United Kingdom 'Health For All' projects have been established and efforts dedicated to its pursuit. Despite this zeal, the deceptively simple notion of 'community' is one of the most contested in the social sciences.

This thesis examines the meaning of 'community' for people who are involved in these activities. The research is based on in-depth interviews with fifty informants from the health, local government and voluntary sectors in four health districts in South East England. Most were working within the framework of Health For All projects.

Using Geertz's conceptual model of layers of meaning, I demonstrate that non-members construct 'communities' from symbolic boundaries, seeking only to differentiate one group from another. At a deeper level they imbue these with a meaning based on notions of shared culture, the meaning of community for its members, which renders the notion of communities as constructed by non-members a fundamental misconception. My informants are aware that they cannot work in practice with the 'communities' which they construct. Their 'members' are heterogeneous and their relationships, characterised by competition and conflict. I thus reveal the notion of 'communities' as constructed by non-members to be a tenaciously-held ideology. I examine the construct of the 'community representative' as an illustration of the belief that 'communities' so constructed are 'real'. I demonstrate that this results in the appointment of 'representatives' from one privileged section of the voluntary sector. Actions taken in the name of extending democracy and popular involvement in health are in this respect misdirected.

Given that 'community' as constructed by non-members has been shown to be an ideology, a conclusion to be drawn is that actions taken in pursuit of it divert attention from the real task which is to understand why greater involvement of people in health is important and to devise strategies to achieve this.

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CHAPTER ONE

INTRODUCTION

1.1 Introduction

This thesis explores meanings of 'community' in community participation in health promotion. The idea for the research arose from my own experiences as an active member of the steering group of one of the World Health Organisation's (WHO) Healthy City Projects. During this time I read and discussed the World Health Organisation's ideas about Health For All and tried earnestly to contribute to their realisation in the district, but whilst doing so became increasingly conscious of contradictions. In particular I was concerned that the small group of voluntary sector workers on the steering group, whose relationships with the other members were at times acrimonious, claimed to be the 'community' and to be able to speak for it. I thus began to question what was really meant by 'community' in the context of community participation in health promotion. When my work moved to another health district, which also had a Health For All project, I was able to observe 'participation' being interpreted in quite a different way from the first. I began to suspect that the simplicity of the promotional message of Health For All belied the complexity of the component concepts and thus provided scope for a myriad of different interpretations.

My original research proposal was to evaluate the extent of community participation in projects which ostensibly involved this, possibly through building on the work of Rifkin and others (Rifkin et al 1988). At the time I

envisaged that such work would reveal and provoke debate about the differing ways in which the notion of community participation was being interpreted. As a prelude to this I embarked on an examination of the sociological literature on 'community' and began to suspect that the differences in interpretation on the ground at least in part reflected, what seemed to me at the time to be, considerable disagreement about the definition of 'community'. A preliminary to any evaluation of community participation in health promotion would, then, need to be an understanding of the uses, meanings and interpretations of the component concepts by those who are working with them.

I decided that this should be the focus of my thesis. It was therefore appropriate that I should look to the related disciplines of social anthropology and ethnographic sociology, to provide the science for the research project. I intended to study the social construction of both 'community' and 'participation' as well as differences in the organisational framework within which 'community participation in health promotion' took place. With this in mind I organised interviews with people from the health, local government and voluntary sectors who were involved in Health For All projects, framed my aide-memoire and steered the discussions. It was only when I began analysis of the contents of my core categories that it became apparent that in order to present a coherent thesis within the 60,000 word limit, I had to restrict greatly the breadth of my focus. I therefore present here only that part of my data which pertains directly to what became my central research question: which people in which circumstances use 'community' to mean what and with what consequences?

I start this introductory chapter with a brief account of the history of the notion

of 'community participation' in health and development, tracing its early use up to its enshrinement as a central tenet of the WHO's strategy for Health For All by the Year 2000. I then present a review of the literature which summarises why community participation was considered to be important. The WHO's strategy in its European Region was developed in a different way from that in the other regions, a central feature of its implementation being the Healthy Cities Project. In the third section I describe the origins and development of this. There is a large body of publications which document proposals and plans for policy in this area; I have not been able to review it all but in the fourth section I discuss a selection of this material. I use this to introduce the reader to what was expected of 'communities' which participate; by implication, what those who were enabling community participation were striving for; and some of the different mechanisms which existed for participation. The expansiveness of such publications in extolling the virtues of community participation is contrasted quite markedly with the vagueness of the literature as to how the 'community' should be defined. The latter is reviewed in the following section and is notable for its lack of specificity and agreement and the prescriptiveness of many of the definitions. This section highlights the importance of my decision to approach this research into meanings of 'community' in the context of community participation in health promotion not as a quest for *one* agreed definition but as a study of its *use*. In the final section of this chapter I briefly outline the structure of this thesis.

1.2 History of community participation

Community participation is an idea which can be found in almost all major national or international declarations on health and development. Whilst it is not easy, and for most purposes not important, to identify the precise origins of the notion, there were experiments in development in Europe in the second half of the nineteenth century (Foster 1982) and in the developing world, for example in India, as early as the 1920s (Madan 1987). The first widely accepted definition of community development came out of the 1948 Cambridge Summer Conference on African Administration; its form is markedly similar to the notions of community development in health which currently enjoy popularity:

> *A movement designed to promote better living for the whole community with the active participation, and if possible on the initiative of the community, but if this initiative is not forthcoming spontaneously, by the use of techniques for arousing and stimulating it in order to secure its active and enthusiastic response to the movement* (Colonial Office 1958 p.2 in Foster 1982)

During the decades after the Second World War community participation became a common feature of agricultural development programmes and work with the urban poor; Ugalde (1985) observed that health decision makers were relatively late comers to the idea. In the 1960s there was a growing awareness amongst people involved in health and development in developing countries that there was a need for health care to be delivered and organised in a different way. It was believed that the direction of the development process was

fundamentally misconceived because of "the unrelenting way in which people [had] been left out of the development equation" (Oakley 1989 p.2). By the early 1970s large international organisations such as UNICEF, the WHO and the World Bank, and smaller influential national organisations were beginning to crystallise their ideas about primary health care and community participation into the form in which they appeared in the Alma Ata Declaration. In 1971 the WHO/UNICEF Joint Committee on Health Policy commissioned a study describing and analysing successful attempts to adapt health care to the needs and resources of developing countries. The Committee's report, *Alternative Approaches to Meeting Basic Health Needs in Developing Countries* (Djukanovic and Mach 1975 in Foster 1982) provided the background for World Health Organisation's formal adoption of Primary Health Care as the primary way in which health problems of developing countries were to be addressed. The 1972 report of the Office for Health Economics (Office of Health Economics 1972 in Navarro 1984) and the 1975 report of the World Bank (World Bank 1975 in Navarro 1984) on the state of health and medicine in the underdeveloped world both identified the importance of the encouragement of community participation in the planning and implementation of health programmes.

In January 1975 the WHO Executive Board approved resolution EB55:R16, "Promotion of national health services" which requested the Director-General "to develop a programme of activities in the field of primary health care, including identifying the primary health care activities best suited to populations in developing countries" (WHO 1975a in Foster 1982). The Twenty-eighth World Health Assembly approved this action in its Resolution WHA 28:88 in

May of the same year (WHO 1975b p.53-54 in Foster 1982). The Director-General responded with "Promotion of National Health Services Relating to Primary Heath Care", the first comprehensive statement describing primary health care (WHO 1975b p.112-119 in Foster 1982).

1.3 Alma Ata Declaration on Primary Health Care

In 1977 Member States of the World Health Organisation at the meeting of the World Health Assembly adopted "Health for all by the year 2000" as the main social goal of governments (Kickbusch 1987). The following year a policy framework which would guide achievement of the target was established at an International Conference on Primary Health Care (Primary Health Care 1978 in Mahler 1981) was held in Alma Ata in the then USSR. The Conference Declaration established that primary health care should be the basis of the "health for all" strategy and described what was entailed in the notion (Alma Ata Declaration 1978 in Mahler 1981)[1]:

> *Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of*

[1] The Alma Ata Declaration is reproduced in full as an appendix to this paper.

which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of continuing health care process

Halfdan Mahler, then Director General of the World Health Organisation, outlined the principles of the notion of primary health care in his article entitled "The meaning of "Health for All by the year 2000" (Mahler 1981). He observed that "health services are failing to reach those who do not have access to them" and that there had been a failure to control "diseases of poverty". He identified four problems of health systems in most developing countries: too few resources were invested in health; those resources available were usually spent on a very small sector of the population; richer countries were attracting doctors from the poorer ones; and ordinary people had little control over their health care.

The new strategy of "Health For All" was intended to address these problems by employing multisectoral efforts to remove the obstacles to health and making health services accessible to all through primary health care. He described the latter as having three prerequisites: community participation, multisectoral action and appropriate technology. He believed multisectoral action was important because of the influence of environmental, economic and social factors on health. Appropriate technologies were necessary for application at the primary health care level. Community participation or involvement in health is the context in which the research is set, so I will examine the assertions about the

importance of this notion in the next section.

1.4 Why community participation?

Mahler's main arguments, presented above, focus on the need to generate extra resources for health. It was in this area that community participation was identified as having great potential in developing countries, a theme which has been reiterated by other authors. Vuori (1984) argued that in developing countries the public sector's material and manpower resources were insufficient to provide the population with adequate health care; the task of the community was to provide needed additional resources. Rifkin (1986), Oakley (1989 p.6) and Annett and Nickson (1991) similarly asserted that there were untapped community financial resources which could be used to extend coverage. Stone (1992) and MacCormack (1983) believed community participation was considered important, primarily because it was more cost-effective than alternative approaches that would draw more heavily on scarce state resources. Foster (1982) rather cynically suggested that there was a fundamental assumption underpinning primary health care that it could be "rural 'development on the cheap'": devices to meet minimal needs of local communities at the least possible costs. Whilst the need to generate extra resources was believed to be most important in developing countries (Vuori 1984), authors writing on developed countries also talk of "untapped" resources in the community, referring specifically to voluntary contributions of labour and finance (Bracht and Tsouros 1990) (Epp 1987).

In both developed and developing countries it was argued that community

participation makes health promotion and health services effective. Mahler (1981) believed that the reason for this lay in the nature of health, that it cannot be "given" but has to be "generated from within people". Stone (1992) argued that it was "common sense" and that "innumerable" field experiences indicate that development projects in which local people themselves are actively involved will be more successful. Annett and Nickson (1991) similarly asserted that projects which involved the community in identifying needs, and strategies to meet those needs, would have a better chance of success. Rifkin (1986) believed that the misuse or underuse of health services could be "corrected" if those who need the service help to plan it. Services developed through such involvement and commitment were believed to be sustainable (MacCormack 1983) and would serve as a catalyst for further development efforts (Vuori 1984).

Community participation was said to be important because the origins of disease lie outside the health sector (Annett and Nickson 1991). A fatalistic attitude on the part of communities was identified as one of the obstacles to health (MacCormack 1983), and community participation was believed to be a way of changing people's attitudes and actions towards the causes of ill-health (Rifkin 1986) and promoting a sense of responsibility (Vuori 1984). It would also enable services to be "culturally sensitive" (Annett and Nickson 1991) and build on indigenous knowledge and expertise (Vuori 1984). Community participation was also viewed as a reaffirmation of the role of people in managing their own health (Annett and Nickson 1991). It was said to enable freedom from dependence on professionals (Vuori 1984) and promote self-reliance, which according to Mahler (1981) "sets people free to develop their own destiny".

Oakley (1989) described this as breaking "the knot of dependence". Annett and Nickson (1991) took issue with this argument, asserting that self-reliance and self-determination have characterised life in developing countries since the beginning of history, arguing that, instead, community participation was beneficial because it empowers people.

Arguments in developed countries are rather similar. Programmes are held to benefit from the input of a lay perspective (Bracht and Tsouros 1990) and the decisions made by those directly affected are better than those made by others (Liffman 1978 in Adams 1989). If people are interested and involved in the issues, initiatives were said to be more likely to be successful (Daniels 1992), relevant and appropriate (Healthy Harlow 2000 Seminar 1991). Needs and priorities would be assessed more accurately (HFA 2000 Network Coordinators' Group 1992) because people know themselves and their life circumstances better than professionals (Stacey 1988). Services provided which are congruent with locally perceived needs were more likely to be successful (Oakley 1989 p.6) (Mahler 1981). Local ownership would also ensure long term maintenance (Bracht and Tsouros 1990). Engaging community leaders was also said to make the work of professionals "much easier" as it would ensure the mobilisation of support for national policies and health reforms when implemented at a local level (A discussion document on the concept and principles of health promotion 1986).

The experience of participation, identifying needs and bringing about change was said to be empowering (Daniels 1992). Participation would lead to the development of local skills and competencies which could be used for future

community development (Bracht and Tsouros 1990) and could be extended to other aspects of people's lives (Liffman 1978 in Adams 1989). It would also lead to increased personal confidence and development, a process itself which would enhance people's health and well being (Healthy Harlow 2000 Seminar 1991).

All the arguments which have been presented so far identify community participation as a means of achieving something else. Community participation was also considered to be an end in itself, as valuable *per se* (Vuori 1984). The WHO identified community participation as being so important that it was considered a basic "right" of any citizen to be able to participate in their health care and a "duty" or "obligation" (Alma Ata Declaration 1978 in Mahler 1981) to take the opportunity to exercise that right:

> *"The people have the right and duty to participate individually and collectively in the planning and implementation of their health care"* (Alma Ata Declaration 1978 in Mahler 1981)

The discourse of rights and duties explicitly links community participation with notions of democracy. Adams (1989) wrote that participation is important because it is "essential and central to democratic theory". Drawing on Liffman (1978 in Adams 1989), she described participation as "a value per se and a fundamental right". The WHO explicitly made the connection in the Sundsvall Statement (1991), which characterised community participation as "the essence of a democratic health promotion approach". In local publications, encouraging

participation has been interpreted as "a more democratic way of working" (Daniels 1992) and "important for local democracy"(Healthy Harlow 2000 Seminar 1991).

Kickbusch (1986) argued that community participation was about imposing public accountability for health on those in power. She asserted that in the 1980s there had been an overwhelming concern about public expenditure on health and an emphasis on expensive curative treatments. A strong role for the public in health was needed in order to challenge "complex forces", an interaction of political and economic interests. Both she and Adams perceived there to be a popular demand for accountability from the "major social movements". Adams (1989) wrote that people were openly questioning "the right and competence of politicians, professionals and bureaucrats to take decisions on their behalf". Vuori (1984) argued that people want to be able to participate more directly than voting in periodic elections. Community participation in health would provide one such way. He believed that with the increasing emphasis on self-responsibility for health, participation was important because "responsibility without participation in decision making is a bad joke". In the developing countries literature community participation was also linked with the notion of social justice and was considered to enable a "redistribution to the poor" (Rifkin 1986).

Oakley (1989 p.6) described the arguments for community involvement in health as "fairly uniform" throughout the literature. He observed that the concept had become widely accepted and that "doubts about its need or appropriateness are rarely formally expressed". From the review which I have presented, it is

apparent that those who promote Health For All consider community participation to be very important indeed. Vuori (1984) described it as being "like motherhood - everybody praises it". For Rifkin (1986) it was the "heart of primary health care". Tsouros (1990), in his review of the first four years of the Healthy Cities project, identified "a well-informed, well motivated and actively participating community" as a "key element" in attaining the goal of Health For All.

This view of the importance of community participation was reflected in many WHO declarations and statements of the 1970s, 80s and 90s. The Alma Ata Declaration (1978 in Mahler 1981) declared it to be simply "essential". The Ottawa Charter (1987) proclaimed that "it is through concrete and effective community action" that health promotion "works" to achieve better health. At the Adelaide Conference (1988), delegates affirmed that community action was "central" to healthy public policy. Whilst in 1991, participants at the Conference in Sundsvall on Supportive Environments affirmed that "social action for health and the resources and creativity of...communities" were the "solution" for all the "massive problems" of the world including poverty, armed conflicts, exploitation and the inability of people to provide for their basic needs.

Mahler (1987) in his opening address to the Ottawa Conference couched his appeal for greater community involvement in health in the ideological discourse of "commitment" and conversion, to some, a language more familiar to religious revival meetings or political rallies than conferences on health:

Each of us has to state seriously with what amount of commitment

> *we are willing to move into being advocates for health: how willing you are to take up the challenges of healthy lifestyles, healthy environments and healthy public policies...How willing are you to give the community a true voice in matters of its health, living conditions and well-being? How willing are you to acknowledge people as the main health resource and support and to enable them to keep themselves and their families and friends healthy?...Ladies and gentlemen, if you are indeed willing to do all that, ready to commit yourself to doing it and to convince all around you to do it, you will provide living examples of what health promotion stands for* (original emphasis)

The differences in the arguments for community participation in health between developing and developed countries were substantially those of emphasis rather than content. Vuori (1984) argued that whilst the proliferation of self-help groups is a reminder that no country is rich enough to satisfy all health needs, in developed countries basic health services are provided. The emphasis in developed countries was thus on participation in *decision making* concerning health care, rather than resource mobilisation to extend provision. Abdullatif et al (1991) argued that it was also on encouraging individuals and families to take greater responsibility for health by promoting health lifestyles and tackling social problems. Since the main emphasis of this thesis is on community participation in developed countries, in the next section I will review the evolution of the strategy of primary health care in the WHO's European region and the development of ideas for the implementation and achievement of its

goal.

1.5 Health For All in the European Region and the WHO Healthy Cities Project

In 1980 the Regional Committee for Europe agreed and approved European Health For All strategy (WHO 1982 in Rathwell 1992). It was based on six principles: equity; health promotion; community involvement; multisectoral participation; primary (local) health care; and international cooperation. The European Region was the first to develop a specific regional strategy. In 1984 the European Regional Assembly adopted 38 targets, which were constructed around the six principles (WHO 1985 in Rathwell 1992). These were intended to reflect the scope for health promotion by focusing on healthy public policy, social support, education and healthy behaviour (Kickbusch 1986).

Over the following five years four major international conferences on health promotion were organised by the World Health Organisation in order to provide fora for the development of ideas for action which would achieve Health For All by the year 2000. The first was held in Ottawa, Canada in November 1986 and from it emerged the *Ottawa Charter for Health Promotion.* The second was in Adelaide, Australia in 1988 and it resulted in *The Adelaide recommendations: health public policy.* The third was in Geneva, Switzerland in 1989, from which came a *Call for Action: Health Promotion in Developing Countries.* The fourth was in Sundsvall, Sweden in 1991, from which came *Supportive environments for health: The Sundsvall Statement.* The first, second and fourth of these serve

as key statements of policy for those involved in working towards Health For All in developed countries.

The idea for a "Healthy Cities Project" was developed in the winter 1985/86 by the WHO European office initially as a proposal for a health promotion project in four to six cities. This was seen as a tangible way of translating the European Region's targets into a programme of action at a city level (Ashton in Ashton 1992 p.5-6). The previous year there had been a conference in Toronto, Canada (Beyond Health Care 1985 in Ashton et al 1986). It was held to assess progress in public health ten years on from the Lalonde Report (1974 in Ashton 1992) and focused on healthy public policy. Here the idea of the 'Healthy City', subsequently described in an article by Duhl (1986), was first voiced. Ashton (in Ashton 1992 p.5) summarised it when he wrote "the underlying intention was to bring together a partnership of the public, private and voluntary sectors to focus on urban health and to tackle health-related problems in a broad way".

The idea of the European Healthy Cities project was launched in early 1986 at a conference in Lisbon. It was attended by representatives from 21 European cities, who agreed to collaborate in developing approaches to city health. The Healthy Cities project was eventually established at the end of 1987 with 11 participating cities (Kickbusch 1989). Interest then grew so rapidly that by early 1992 there were 35 in Europe (Goumans 1992), and worldwide, 18 national networks and 375 healthy cities (WHO 1992 p.1). The project was originally intended to be supported by the WHO European Regional office only for the first five years, but the demand was such that it was extended another five to 1997.

The early Healthy Cities were expected to undertake seven tasks (Ashton in Ashton 1992 p.8-9). Gaining high-level political commitment for the project within the city was regarded as of the utmost importance, and so the first of these was to establish an intersectoral steering group of executive decision-makers. These would be drawn from all the main organisations and agencies within the city. Other tasks included, a community diagnosis for the city, incorporating the perceptions of the public of their health and "communities", and generating a city-wide debate about health involving the public. Schools, the media, museums and libraries were to be engaged in promoting health and each agency involved in the project was to consider their potential contribution to health promotion. Specific interventions were to be identified and undertaken to improve health based on the Health For All principles.

Two of the original 11 Healthy Cities were in the United Kingdom: Liverpool and Camden/Bloomsbury, London. The following year they were joined by Belfast and Glasgow (Tsouros 1990). Activities around the Health For All Strategy in the United Kingdom predated the establishment of the Healthy Cities project in Europe (Ashton in Ashton 1992 p.5). In 1984 the Merseyside Regional Health Authority adopted the Health For All framework, followed shortly afterwards by Bloomsbury Health Authority and several others. A network of local authorities with health committees was established and members became increasingly interested in the Health For All framework and philosophy. Several of the participating local authorities set up formal working structures, for example the "Healthy Sheffield 2000" project was established in 1986 (Thomas in Ashton 1992 p.96). In 1988 the UK Health For All Network was set up, bringing together both WHO official project "cities" and other cities

with Health For All initiatives. The aim was to enable them to share their experiences and learn from each other (Halliday 1991 p.69). By 1994 there were 22 'cities' with intersectoral groups affiliated to the network (G.Hodgson: personal communication).

Although the British Government was a signatory to the Health For All Strategy and 38 targets, it has never actively promoted them (Coombes 1993). In 1992 it introduced its own national health strategy, 'The Health of the Nation' (Department of Health 1992) which included within it the key principles of multisectoral working, paraphrased as 'building healthy alliances' and community participation.

1.6 Expectations of the participating 'community'

Indications of what was expected of the participating 'community' can be found in the literature on Health For All in the WHO European Region, which demonstrates that a wide variety of activities fall within the scope of participation in health. Activities and responsibilities range from those which involve the individual to those requiring collective working. The former include making healthy lifestyle choices and using health services (WHO 1992 p.8). In a local example, a leaflet from the Healthy Colchester 2000 project summarised community involvement as "the community working together towards healthier choices for healthier lifestyles" (Healthy Colchester 2000 leaflet). Individuals wishing to "do their bit" should "keep the place clean, take an interest in local community activities, help neighbours in need, leave the car behind sometimes, rediscover the bike in the shed, walk more often, shop around for healthier

options".

Individuals were also encouraged to participate by giving "their views" (WHO 1992:8) on health issues and "expressing opinions" which "influence political and managerial decisions" (WHO 1992 p.43). Another form of participation involved working through neighbourhood organisations, self-help groups and other voluntary organisations as volunteers. Such work would provide an opportunity for making a "direct contribution" to improving health and living conditions (WHO 1992 p.43). Kuenstler (in Ashton and Knight 1990 p.46) gave some practical examples of ways in which "community action" for health could be taken at a local level within such groups. These included participation in watch-dog groups, public meetings, skilful use of the media, direct lobbying of elected representatives in both local and national bodies, deputations to officials, protest and other publicity events and campaigns, research, opinion polls and self-surveys.

Communities were expected to participate by assessing "their needs" (WHO 1992 p.43). This was a process by which they "recognise and address" problems and opportunities (Bracht and Tsouros 1990). The community should be an "active partner in the process" rather than the object of the investigation. "Training for the community" in the "use and interpretation of statistics" should be provided (HFA 2000 Network Coordinators' Group 1992). Health workers were expected to respond to the "expressed needs of the community" (Alma Ata Declaration 1978 in Mahler 1981). A community was also expected to use "its own social structures and any available resources" to accomplish "community goals" which should be "decided by community representatives" and consistent

with "local values". Community action should not end with needs assessment, but should embrace "setting priorities, making decisions, planning strategies and implementing them" (Ottawa Charter 1987). The Adelaide Recommendations (1988) indicated that members of the community have shared interests but also suggested that there may be subgroups within it who have interests in conflict with these. It asserted that agencies should act in the "interests of the whole community".

In order to facilitate participation it was expected that communities would be given a certain amount of practical help from other agencies. The Alma Ata Declaration (1978 in Mahler, 1981) suggested that "appropriate education" was needed to develop the "ability of communities" to participate. The Ottawa Charter (1987) stated that "full and continuous access to information, learning opportunities for health, as well as funding support" were required. An example of the interpretation of such injunctions at a local level is found in the Healthy Harlow 2000 Accident Prevention Group Terms of Reference (undated) which asserted "Community participation - there needs to be a sharing of information, knowledge and skills at all levels of the community to enable people to participate and to have a voice in the decisions that shape their life and health". This all contributes to the process described in the Sundsvall Statement (1991) as "enabling communities...to take control over their health and environment through education and empowerment". The Statement further asserted that the "resources and creativity of...communities" should be applied in order to tackle the "massive" problems of the world.

The community should also play a "key role" in the allocation of resources in

health (The role of intersectoral cooperation in national strategies for Health For All 1986), as well as being a recipient. Some authors argued that such funds should be expanded and made available to community groups "free of preconditions" (Strengthening communities 1987).

A shift in attitude on the part of the statutory sector towards the community was identified as a requirement for community participation. The Ottawa Charter (1987) demanded that conference delegates pledge "to accept the community as the essential voice in matters of its health". *The discussion document on the concept and principles of health promotion* (1986) also demanded that "policy mechanisms" be established to ensure opportunities for participation. These should enable "community control" over both the definition of health needs and solutions (Farrant 1991).

On many occasions in the literature, when authors gave specific examples of ways of enabling community participation, it was apparent that community groups were regarded as forming at least a significant parts of "the community". For example *A discussion document entitled the concept and principles of health promotion* (1986) explained that "community participation is crucial" and that it could be assured in several ways, one of which was for governments to "display a positive outlook towards non-governmental, voluntary organisations". An article entitled *Strengthening communities* (1987) asserts that "health promotion should recognise the pre-eminence of the principles of (1) the empowerment of community groups (2) community groups owning and controlling their own endeavours and destinies". This was found also at a local

level: a document from the Healthy Sheffield project, for example, described one of the "main ways" in which the project supported community development as working with "voluntary and community organisations to help them protect and promote health through their activities and services" (Halliday 1991 p.57). In his address to the Ottawa Conference on Health Promotion, Mahler (1987) suggested that community groups might be regarded as repositories of local health activists as he declared that "social activists for a more healthy society were to be found the world over in health movements, self-help organisations".

In the Healthy Cities project, one of the key mechanisms for engaging the community was through the project steering group. This was described by Duhl (1986) in his vision of the healthy city as "community-round tables" whose membership would be drawn from "people from all walks of life". Bracht & Tsouros (1990) described them as the place where activities to mobilise citizens "begin". They outlined in some detail the stages in establishing a steering group, suggesting it have a membership of 5-8 selected people. Other authors have argued that to be "effective" the membership should be "representative" (WHO 1992 p.21), "potential candidates for committee membership include...representatives of community groups...prominent citizens recognised for their interest in public health". The responsibilities of steering committees include "enabling community participation and encouraging communication between groups" (WHO 1992 p.43) and long term planning.

In practice the mechanisms for community participation have been found to take different forms in different cities. These are said to reflect different traditions of local involvement and representation. In the four year review of the Healthy

Cities Project Tsouros (1990 p.46) found only five cities with active voluntary and self-help groups: Belfast, Glasgow, the London Borough of Camden, Liverpool and Munich. In these cities the groups expected to be consulted on lifestyle and environmental matters and their active participation was reported to be readily accepted by the city councils. The London Borough of Camden and the City of Munich had longstanding programmes of financial support for community groups. In contrast, in Stockholm the county and city councils were believed to be sufficiently sensitive to local needs to represent citizen interests adequately. Jerusalem and Zagreb had large citizen councils at the city and district levels reflecting a tradition of community participation.

Many of the UK project and non-project Healthy Cities had steering groups. The position and participation of local people in these has varied between different projects. In Liverpool, the community and voluntary sector representatives participated in "topic forums" and these elected representatives to the main project steering group (Green in Ashton 1992 p.89). In Sheffield initially, in 1986 the Council for Voluntary Service was the sole voluntary sector member of the Healthy Sheffield 2000 group. They were joined in 1988 by the Council for Racial Equality and the Community Health Council (Thomas in Ashton 1992 p.99). In contrast in Camden in 1992 (Stern 1992 personal communication) there were five voluntary sector representatives on the 16 person steering group, who were appointed not elected. In another steering group, in Enfield (Daniels 1992) the voluntary sector representatives were considered to also include representatives of the churches and Racial Equality Council.

1.7 Definitions and notions of 'community'

This, necessarily selective, review of the large literature on community participation reveals that not only is it considered to be of the utmost importance to health but "the community" is envisaged to be involved in a wide range of activities. Much of this body of publications concentrates on proposals and plans for policy rather than analysis, scientifically speaking, nonetheless in comparison with the detail with which authors describe what is expected of the community, discussion of how it should be identified is markedly vague. The Alma Ata Declaration (1978 in Mahler 1981) suggests that the community is a locality-bound aggregation of people who share economic, socio-cultural and political characteristics, as well as problems and needs. It is assumed to be a coherent unit, whose members can operate together for shared purposes for example expressing their health needs and planning services. It is believed that communities are sub-units from which countries are constructed. The Ottawa Charter (1986) contributed little to clarifying the definition of a community, only to suggest that it is part of a hierarchy: individual, family, community, country. The Sundsvall Statement (1991) suggests that the community should be understood as a locality, everybody is located within "their local" community.

A review of the analytical and empirical literature on community participation in health demonstrates the definition to be equally opaque, on the few occasions when it is discussed at all. Several authors (for example Woelk 1992; Bjaras et al 1991) draw on Rifkin et al (1988), who discuss three definitions. The first two were from Midgely (1986 in Rifkin et al 1988): community could be used geographically to refer to "people living in the same area and sharing the same

basic values and organisation" and could also denote people who share the same basic interests. Rifkin et al added a third definition, which they observed was used by health personnel, as an "at risk group" or target group. When they defined community participation they implied a fourth definition, "specific groups with shared needs living in a defined geographical area". Agudelo (1983) defined community as "a group of people residing in a specific geographical area who have common values, cultural patterns and social problems, together with an awareness of belonging to a group that causes them to interact more intensely with one another than they would with outsiders in a similar context".

Das (1991) drew on a definition from the WHO (1983 in Das 1991), defining community as "a group of people engaged in relatively stable social relationships, usually within a locally delimited area". Bermejo and Bekui's (1993) definition of community participation revealed an implicit definition of community as "specific groups, living in a defined geographical area and interacting with each other". Navarro (1984) suggested that the word was normally used to refer to an aggregate of individuals when he argued that this definition was inadequate as it should be regarded as a set of power relations in which individuals are grouped into different categories of which classes are key ones. Cutts (1985) cited the Oxford English Dictionary in which community was defined as "a group of people with identity of character, fellowship; an organised political, municipal or social body; a body of people living in the same locality; a body of men having religion or profession in common". She also referred to another definition which she perceived as more prescriptive in which in which a community was been defined as "a group of people with a sense of belonging, with a common perception of collective needs and priorities

and able to assume a collective responsibility for community decisions" (Suliman 1983 in Cutts 1985). Oakley (1989) criticised the word community for being "inadequate" as a way of indicating people who live in the same geographical area who share defined basic values and organisations and/or a group of people sharing the same basic interests.

Several authors identified definitions which had been accorded precise numerical values. Cham et al (1987) described a primary health care project in Gambia where a 'community' was defined as "a village with a population of over 400 people". Madan (1987) reported on a document published by the Indian Council of Social Science Research and the Indian Council of Medical Research in 1981 calling for an alternative approach to health care, one "based on or rooted in the community (which means a population of 100,000 which will have a Community Health Centre, a sub-centre for every 5,000 population and a village neighbourhood centre for every 1,000 population)". Beyond this communities were divided into rural and urban.

Abdullatif et al (1991 p.31) argued that the term "community" "needs careful and detailed analysis". They argued that there were two categories of community, urban or rural. *"Urban communities may include inhabitants of peri-urban and newly settled urban peripheral areas, shanty towns, and slum areas, as well as townships established in newly settled areas. This classification includes affluent and settled urban areas of stable housing which are also covered by district health services. Rural communities may be classified as: scattered, linear, agricultural, and river-based communities, village and small town communities, nuclear and extended families with their*

dependents living in compounds, and nomadic communities". They added that traditionally the health sector regards community "in terms of the catchment area of health facilities or mobile clinics, of the ratio of the population to health personnel or of leaders appointed to neighbourhood or health committees".

In the developed countries literature, Rose (1990) observed that community was used as a metaphor for neighbourhood, the social solidarity arrived at through shared location, or community of interest. Watt and Rodmell (1988) defined it for community development workers as "a geographical neighbourhood whose residents suffer most from inequalities produced by society...people who have the least amount of power". Stacey (1988) argued that the meaning extends "beyond mere local community" to "a fusion of feeling and thought, of tradition and commitment, of membership and volition...people in their wholeness" and argued that the notion incorporates "ideas of belonging". Adams (1989) argued that community should be defined "geographically or as a community of interest e.g a street, estate, women's group, black group, pensioners group. People identify themselves with communities they feel part of". For Vuori (1984), a community was "the smallest independent local administrative unit in the country's administrative system".

There was one instance of research being undertaken in order to understand what health workers meant by community. This was a small questionnaire survey by Freyens et al (1993) of health workers in Rwanda. They reported that 40% identified the community as the target population of the health centre; 37% as an organised group; 9% as the population of that commune; and 6% as a particular cell. They did not explain what a cell or commune was. The health

workers also described it as "the population we try to organise so that we can take care of their health" and "people who work together".

This collection of definitions reveal that there is a singular lack of specificity and agreement about what the 'community' whose participation is regarded as so essential actually is. Although there are many recurring themes, many of the definitions are conflicting and suggest that what one person regards as a 'community' another would not. Many of the definitions incorporate notions of shared needs and values into them, but some of them, for example that from India cited by Madan (1987), clearly do not. In the next chapter, the review of the literature from the disciplines of sociology, anthropology and philosophy reveals that the debate about the nature of 'community' in these disciplines has been characterised by a similar lack of consensus. Hence my decision to focus my enquiries on the word's use.

1.8 Outline of the thesis

I have divided the thesis into seven chapters. In chapter one, the introduction, I have described the background to the WHO's strategy for Health For All by the Year 2000 and its implementation in the European region. I have discussed why community participation is valued, what is expected of the participating 'communities' and the definitions and notions of 'community' which can be found in the Health For All literature. In chapter two I review some of the literature on 'community' in the disciplines of sociology, philosophy and social anthropology. I commence with an account of the ideas of 'community' in eighteenth and nineteenth century thought; I then review the attempts at

empirical study of 'communities' in Britain and the search for a definition of 'community'; and conclude with and account of the development of an understanding of 'community' since 1971.

In the third chapter I outline the methods and research design. In chapter four I present my informants' meanings of 'community' - informants whose position was that of 'non-members'. In chapter five I present an account of my informants' experiences of working with the 'community' in their daily lives and their shared perception that the nature of 'community' is quite different from that suggested by the injunctions received from those promoting Healthy Cities projects. I conclude that the persistence of my informants in their attempts to implement these injunctions, in the face of their own perceptions of the social reality of 'community' can be made sense of if 'community' is viewed as an ideology. In the sixth chapter I examine my informants' experiences of operationalising 'community' through the case study of the 'community representative' on Health For All steering groups. I explore some of the consequences of their attempts to operate the ideological notion of 'community' as if it were real. In the seventh chapter I draw discuss some of the implications of the research for our understanding of community participation in health promotion and 'community' representation.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter contains a review of some of the literature on 'community' in the disciplines of sociology, philosophy and social anthropology. The first section examines the origins of the notion of 'community' in eighteenth and nineteenth century thought. The second section considers the empirical study of 'community' in the twentieth century and reviews some of the more important of the British community studies and their contribution towards an understanding of 'community'. The third section reviews attempts to reach a definition of 'community', which were largely drawn to a close in sociology with the publication in 1971 of Bell & Newby's *Community Studies*. The final section examines the post-1971 shift towards understanding the meaning of 'community' through the study of its use and highlights in particular the important of recent contribution made by the anthropologist Anthony Cohen (1985).

2.2 'Community' in eighteenth and nineteenth century thought

The origins of the notion of 'community' used in most health and social contexts are commonly traced to thought about society in the late eighteenth century, the time of the growth of industrialisation and urbanisation. In this section I draw heavily on the accounts of two sources which do so, Bell & Newby (1971) and Plant (1974). It has been argued that these ideas of the eighteenth and nineteenth centuries were themselves based on Medieval

Christian religious 'communities' following the teachings of St Augustine, where the religious 'community' was regarded as the social form of the communion of spirit celebrated in the mass (Bloch 1961 in Thornton & Ramphele 1989). Whatever its actual historical origins, almost all the important European social philosophers of the late eighteenth and nineteenth centuries at some stage exhibited a preoccupation with the notion of community: Schiller, Hegel, Marx, Durkheim, Maine, Tönnies, Comte, de Tocqueville, Rousseau, Bentham (Plant 1974). They all shared a central thesis which was that the growth of capitalism, industrialisation and urbanisation altered the relationship between man [*sic*] and society in a fundamental way, resulting in the loss of community. The various authors differed in their understanding of what 'community' was and in their evaluation of its loss.

A central theme in understanding of community during this period was the notion of the 'whole man', which Plant (1974) attributes to the ideas of Schiller and Hegel (Plant 1973 in Plant 1974). In the community people interacted with each other in the "totality of their social roles" rather than in a fragmented or segmented way. They were neighbours, relatives, work mates, in some cases trading partners. This was contrasted with the urban situation where people's lives were considered fragmented by a complex and differentiated division of labour. Workmates were different from neighbours, who were different from relatives, who were different from teachers or traders.

Ferdinand Tönnies developed these ideas in his book *Gemeinschaft and Gesellschaft* (Community and Society) which was first published in 1887

(Tönnies 1887 in Bell & Newby 1971). He described communities as being solid and intimate. Not all members were equal but there was a clear understanding of where each person stood in society, status being ascriptive. Community members were both socially and physically immobile. The culture of the community was homogeneous, there was a strong and respected moral code. A vital and important part of the community was a sense of attachment to place. Community thus encompassed both a notion of place or locality ("the village") and a quality of interpersonal relationships. Tönnies contrasted this with *Gesellschaft*, which was its direct opposite. Relationships were impersonal and contractual, 'all its activities are restricted to a definite end and a definite means of obtaining it' (Tönnies 1887 p.192 in Bell & Newby 1971 p.25). The writing of Tönnies provided one of the early examples of structural (geographical or spatial) determinism, the notion that the physical environment in which people live determines the character of their social relationships.

Tönnies reflected an evaluative attitude towards community which was deeply conservative and hostile to urbanisation. Thus in his description of community he emphasised static, orderly and rooted notions which were then central to conservative thought (Plant 1974 p.24). During a century when revolution had been seen in countries across Europe, for example the French Revolutions of 1789 and 1848, there was a fear that freed from the social control of the community, the urban masses would threaten the established social order. The sentiments prevalent amongst conservatives were captured in the following extract from Masterman, writing in 1904 of the recent rapid growth of the cities (p.61 in Glass in Pahl 1968 p.68):

To some observers the change excites only a lament over a past that is forever gone. They mourn the vanishing of a vigorous jolly life, the songs of the village alehouse, existence encompassed by natural things and the memories of the dead - the secure and confident life of 'Merrie England'. To others, again, the change is one charged with a menace to the future. They dread the fermenting, in the populous cities, of some new, all-powerful explosive, destined one day to shatter into ruin all their desirable social order. In these massed millions of an obscure life, but dimly understood and ever increasing in magnitude, they behold a danger to security and all pleasant things

Plant (1974 p.24) identified three other distinct types of evaluative attitudes towards community at this time. Hegel and Schiller, were more supportive of industrialisation although they considered that there were negative consequences of urbanisation. They wanted to reformulate a notion of community experience to counterbalance these consequences, taking into account the positive growth of individuality and freedoms brought by industrialisation. This influenced their description of community which placed less stress on locality and emphasised instead community achieved through functional groups with greater political participation and awareness.

The third type was espoused by Marx and Rousseau, what Plant called the radical view. Only fundamental changes in society could regenerate what they saw as the central values of community, in particular fraternity and cooperation based on an awareness of common humanity. These were distorted by the

hierarchical rural community (Plant 1974 p.25). These different evaluative attitudes towards community bring with them differences in the descriptive meanings, along a spectrum from that of Tönnies' village, through notions of functional groups to that which Marx and Rousseau defined as a quality of relationship or fraternity. While Bentham perceived the loss of community as liberating and emancipating (Plant 1974 p.30). He took the individual as the basic unit of reality. Freedom and consciousness of self were derived directly from the loss of communal forms of social relationships.

In these ways the eighteenth and nineteenth century social thinkers shaped the debate on community for the next century. It has remained a notion describing a social phenomenon which was largely "good", almost invariably "lost" and frequently in need of recovery. It was given quite varied descriptive meanings encompassing notions of locality, sharing and relationships. It was a notion shaped primarily by a belief in what a community, or society, 'ought' to be like, and was regularly appropriated by differing sides in political debates in order to justify their positions.

2.3 Community studies

In the twentieth century the emphasis in sociology moved from the Durkheimian philosophy to an empirical approach to the study of community. Many of the early community studies were strongly influenced by the ideas of Tönnies, notably that communities existed in rural areas, not in urban ones. This inspired two lines of research. One was the search for an empirically-based understanding of the nature of community, found by undertaking studies *of* 'communities'. The other was a methodological approach to the study of social

organisation, research carried out *in* 'communities'. Many of these studies used a research approach influenced by social anthropological fieldwork and a case study approach developed by Malinowski (Gluckman 1967 in Epstein in Stacey et al 1975 p.1). The first such community study was carried out in the United States, a study of 'Middletown' (Lynd & Lynd 1929). In the following forty years there followed a plethora of such studies, conducted on both sides of the Atlantic.

For the sake of brevity I will restrict myself to considering in some detail the most important of the British ones, a more comprehensive review of them can be found in *Communities in Britain* by Ronald Frankenberg (1960). The community studies were often undertaken in relatively isolated rural areas, places which were expected to be more or less self-contained and self-sufficient. Frankenberg (1960 p.46) attributed this to the desire of their authors to study a "community as a whole". He also indicated that researchers coming from towns often found these places "quaint" and "strange". They indulged in romantic views that these areas represented the past before industrialisation, and in the case of Wales, before anglicisation. These ideas with their contingent assumptions were in many cases significantly to undermine the academic rigour of the ensuing studies. I have chosen the studies for review here in part for the significance of their findings and in part to illustrate weaknesses in the research approach.

The first British community study was conducted by a geographer, Alwyn Rees, in a rural parish of Montgomeryshire, Llanfihangel yng Ngwynfa, in 1939 and

1940 (Rees 1950). Llanfihangel had a population of 400 in 1940, who were all Welsh speaking and lived mainly on scattered farms and in three small hamlets. Farming was the main economic activity in the area and most of this was conducted on family farms (Rees 1950 p.60). Of the householders and their wives, 85% were born within Llanfihangel and the eight adjoining parishes.

In Rees' assessment, tradition and the way of life had not changed very substantially for several centuries. Bonds of kinship tightly bound the households in the area, with one third of households related to two of the others. The kinship system dominated social and economic life, providing assistance, friendship and protection, whilst enforcing a strict moral code. The majority of men worked on the land and the women worked at home. Most of the farms were small, as were the profits. The men would marry late, being given their farm on marriage, and in the period of adult life before marriage would often work as a labourer, usually on the farm of a relative. There was little distinction between farmers and labourers partly because many of the farmers had themselves been labourers, as their sons would be for a while, and also because the land was cheap and many labourers subsequently bought farms. Class distinction in Llanfihangel was comparatively weak, perhaps because the majority of the population were of the same class and shared the same experiences. The people who were not of the same class, the teachers, preachers (professionals) and the squires, were said to be kept at a "social distance" (Rees 1950 p.58).

Rees' work was an interesting account of some aspects of life in rural Wales, if somewhat liberally interspersed with romantic accounts of Welsh history. He

failed in his account to explore the nature of links with the external world, despite many hints that these both existed and were significant. There were motor vehicles in the village, almost half of the smallholders' sons left the village for work (Rees 1950 p.58) and many of the girls went to boarding school in the market town of Oswestry. The obvious biases in his account prevent a more in-depth assessment of the features which made this area, as he claimed, a "community".

The study by W.M.Williams in Gosforth, West Cumberland in 1951 (Williams 1956) had many similarities with the work of Rees. This was also deliberately chosen because it was also remote and inaccessible, with a small population of 723 inhabitants. It differed from Llanfihangel in that two-thirds of the population lived in the village and the rest were on scattered farms. Williams found in his village that the population was more heterogeneous and perceived itself to have two main status divisions, the upper and lower classes, although he then identified seven social groups, each of which was thought by members of the other 'classes' to have special attributes and modes of behaviour (Williams 1956 p.71). Williams explained that ties of kinship and neighbourliness cut across class and status divisions and that the full stratification system only became evident when newcomers came and had to be placed (Williams 1956 p.75). Williams' account emphasised stability and continuity. Although tenant farms changed hands often, we were told that some of the yeoman farmers had been on the same land for four centuries (Williams 1956 p.66). He perceived the stratification system as another objective indication of the stability of the community.

According to Bell and Newby (1971 p.64), Williams' emphasis on continuity of occupation and stability was heavily influenced by the school of thought in the department in which he worked, which maintained that in Highland Britain (i.e. Gosforth) there was continuity of cultures. At first Gosforth appeared to have the characteristics of a 'community' according to Tönnies' model. However Williams subsequently undertook another study in the parish of 'Ashworthy' in Devon (Williams 1963) where he found that face-to-face social relations over many years were the exception rather than the rule and that many farmers moved from holding to holding (Williams 1963 p.98). His findings led him to conclude that although the social structure as a whole in rural areas appeared unchanging, in fact it was subject to constant small changes. He then reviewed his Gosforth data and concluded that he had misinterpreted much of it, overemphasising continuity and stability.

The next study of significance was Dennis, Henriques and Slaughter's (1956) of the Yorkshire coal-mining village of Ashton. This was an attempt to study community in an area which was fully urbanised. Ashton had a population of 13,925 in 1951 and was more or less continuous with neighbouring towns. In 1931 68% of Ashton's men were employed in the pits; it was not stated what the proportion was at the time of the study but the implication was that it remained a majority (Dennis et al 1956 p.23). About a third of Ashton's miners travelled to work in other mines and virtually all the women in paid employment, to the town.

The culture described in the village was interpreted as a product of the specific circumstances which existed in the area. Mining was a way of life. Most of the

men had followed most of their parents and grandparents into the mines, the work was particularly arduous and dangerous and there was a unifying history of industrial action and shared hardship during periods of economic depression. The men shared recreation in the town's clubs and pubs and their womenfolk participated little in men's daily lives, but shared in common oppression in the home.

The study did not attempt to examine the whole of Ashton, but only to describe the interactions of work, leisure and the family of the miners. What they demonstrated was that in this town, there was a culture among the miners which was just as all encompassing and embracing as the 'communities' described in the rural areas. In the Introduction to the second edition (1969 p.7) Henriques accepts that in this study also "external factors" were under emphasised, obscuring the extent and nature of relationships extending beyond the "community".

Young and Willmott (1957) studied the family in Bethnal Green and revealed an area of London which had many of the features of Ashton or the rural villages. The borough was predominantly working class and there were very strong kinship ties. At one place Young and Willmott counted thirty-eight households which had relatives in other households in a street of fifty-nine (Frankenberg 1960 p.168). The area's cohesion was attributed to shared poverty and a lack of social and geographical mobility, although part of the geographical immobility was self-imposed with families going to great lengths to ensure that homes were allocated to their children close to the maternal home. Young and Willmott's report of a close-knit community in the heart of London's East End

had at the time a profound impact on the sociological understanding of the nature of 'community' because it was in direct contradiction to that which would be expected from the theoretical inheritance of the period. They have, however, also subsequently been criticised for not approaching their work in a sufficiently critical manner. In Cornwell's (1984 p.44) study of the East End she found similar evidence to that of Young and Willmott in the 'public accounts', but as she established a relationship with her informants she found the idea of the community was relegated to the past.

Margaret Stacey's study of Banbury (1960) was one of the most comprehensive of the community studies in its approach to studying a town as a whole, rather than a subgroup within it. She documented the social, political and leisure aspects of life in Banbury, a town with 19,000 inhabitants. Stacey saw the town as deeply divided, on one plane into traditional Banburians and immigrants and on another, by social class. She found that the middle classes, in particular, had attachments outside the town. She concluded that Banbury could not be considered a "community" because of three factors: complex and overlapping ties between people within the town; ties with groups outside the town; and the lack of strong tensions among disparate groups (p.177). She doubted whether there was a sense of community among all of those who were born and raised in Banbury, although she did identify something akin to this among some groups of people within the town. She concluded that she expected the town would never become a community "in any full sense" because of its complexity and the extent of its integration with wider English society (p.177).

James Littlejohn's study of Westrigg (1963) was probably one of the very best

of the community studies, not least in so far as it included a scholarly analysis of the history of the parish and of changes over a long period of time which he used to illustrate the decline in the importance of the parish as a social unit. The study was undertaken between 1949 and 1951. He found that kinship was of relatively little importance to the social structure of the parish and asserted that "most parishioners live in Westrigg not because the parish forms a group they have to belong to or in which they have special rights, but because their occupation...lies there" (p.11). He found in Westrigg few of the features of 'community' described by Rees (1950) and Williams in Gosforth (1956): the great majority of the population were employees rather than farmers; farms were frequently bought and sold; over half the population had lived there less than ten years; independence from neighbours and others was a source of pride (p.29); within the area individuals chose their friends and acquaintances subject to the constraints of class and physical distance; and esteem and reputation was not ascriptive, but earned. He concluded that "the term 'parish' now refers merely to a population living within a geographically defined boundary which has little sociological significance" (p.63). In his concluding chapter he described the relationship between the parish and the town and described a strong preference amongst the rural working classes for jobs in the town. He concluded that "a 'local community'...is not a group that anyone particularly wants to belong to" (p.153).

A tremendous amount of sociological energy was devoted over these four decades to the study of community, yet the authors did not succeed in getting much closer to an agreed and substantiated definition of community. The state of sociological thinking at that time was no where more clearly highlighted than

in the 1975 account of the restudy of Banbury (Stacey et al), in which the glossary entry reads "community is no longer operationally definable" (p.164). The research designs of the community studies had been very varied and were heavily criticised for their lack of thoroughness and failure to collect very basic data, for example on population size and susceptibility to researcher bias. Apparently many researchers were driven by romantic, ideological notions and failed to collect contradictory evidence or collected it and misinterpreted it. Furthermore many of them were overly influenced by their backgrounds. So those like Rees and Williams from the Department of Geography and Anthropology at the University College of Wales, Aberystwyth overemphasised the importance of "place". The anthropologists overemphasised the isolation of the "communities" and failed to collect detailed data on their interactions with the outside world. However many of the criticisms of the community study method, for example those levelled by Bell & Newby (1971 p.54-81) reflected prevalent opposition to naturalistic research methods as much as valid criticism of the individual studies. This was despite the fact that Bell & Newby themselves recognised the limitations of the sample survey in studying communities (p.61).

Bell & Newby (1971 p.185) argued that the study of Banbury convinced sociologists that it was not feasible to study communities as isolates, independent of their external connections. Rather than modifying the technique, the community study in Britain went out of fashion in sociology. Newby (1987 p.258) asserted that sociologists doubted the value of studying something which could not be defined and that some believed that local communities were not worth studying because the factors which determined people's lives were no

longer to be found locally (Newby 1987 p.258). The decisions governing everyday lives appeared more than ever to be taken at national or international levels.

Despite this, the community study approach had remained a dominant form of primary data collection in social anthropology and, in the United Kingdom at least, one collection of community studies of the celtic fringe has since been published (Cohen 1982). In geography there has been resistance to the rejection of the importance of spatial variation on social processes (Day and Murdoch 1993) and a move to resurrect the community study form through a substitution of 'locality' for 'community'. It is not possible to review all this literature here, but the study by Day and Murdoch (1993) was a recent example. They found this an uncomfortable substitution. In tones reminiscent of the previous community studies, they concluded that their Welsh valley could not be considered a 'locality' as it had no "objective unity". They said they could not identify "communities" around which boundaries could be drawn. They concluded that they "prefer to see the local situation as one in which actors operate within a variety of particular social, political and economic networks across a variety of spatial scales. Where they meet...the processes of interaction give rise to specific notions of community and locality". In sociology further interest in community studies has been virtually confined to the United States (for example Tsai and Sigelman 1982), with the exception of one or two attempts at wheel reinvention, for example that of Bulmer (1985) who wished to revive interest through the methodological strategy of social network analysis.

2.4 Definitions of community

Concurrent with the community studies were attempts to reach a definition of 'community'. In the tradition of Tönnies, one of the influential ideas in the debate was the notion of community as a type, that which is found in rural areas and contrasted against the anomic living of urban areas. One of the most influential figures was Louis Wirth who, in his classic article *Urbanism as a Way of Life* (1938), set the stage for the next twenty years of sociological debate by arguing that there was a continuum between urban-industrial and rural-folk communities. He was a member of the Chicago School of sociology, founded in the 1920s by Robert Park, which subscribed to the theory of structural determinism.

He identified a rural type of social relations, characteristic of "the farm, the manor and the village", that was found in an "earlier, folk society". In the countryside, he argued, a way of living "reminiscent of this earlier form" still existed. When people from the countryside come together and cities grow they do not abruptly lose their previous "type of personality": the process of conversion into an "urbanite" is gradual. In this way he described a dichotomy between rural and urban types. As Wirth wrote (p.3): "The city and the country may be regarded as two poles in reference to one or the other of which all human settlements tend to arrange themselves."

Most of the article was devoted to his interpretation of urban social relations and analysis of how these were caused by the city environment. Although arguing that "urbanism" or "the urban mode of life" was not entirely confined

to cities, he outlined patterns of behaviour and social relationships characteristic of the "phenomenon of urbanism" which he claimed were supported by empirical evidence although this is hard to spot in the article. He believed that the large numbers of people living in cities accounted for "the relative absence of intimate personal acquaintanceship, the segmentalisation of human relations which are largely anonymous, superficial and transitory". The population density led to division of labour and "a complex pattern of segregation, the predominance of formal social control, and accentuated friction". He appealed to Durkheim in order to argue that city dwellers live in a state of anomie, having lost "the spontaneous self-expression, the morale, and the sense of participation that comes with living in an integrated society" (p.13).

Robert Redfield developed the idea of a continuum nearly a decade later in his article *The Folk Society* (1947). In this he described in some detail his view of the rural end of the continuum, "the folk society". He explained that his description was of an ideal: "no known society precisely corresponds with it" (p.294). Folk societies had five features that distinguish them from "modern city living", they were "small, isolated, non-literate and homogeneous, with a strong sense of group solidarity" (p.297). Folk societies were thus seen as the antithesis of urban societies and the more 'urban' a society became the less it was a 'community'.

The descriptions of both Wirth and Redfield were laden with value judgements. They assumed that urban living was a new phenomenon, rather than something which people had done for centuries, and in parallel, assumed that culture and ways of living in rural areas were essentially unchanging. The notion that

environment could cause modes of social interaction fails to account for the great heterogeneity of both environment and life style in rural and urban areas. In Cohen's (1985 p.28-38) critique of the rural-urban continuum he identified three central "myths" about rural communities. These he dismissed by arguing that there is nothing simple about rural social relationships, nothing equal and that people do not lose their culture when they move to a new area. He argued that rural communities were different, not more simple. Some aspects of relationships in such societies are more complicated as a person may enact a variety of roles among the same people, for example being at one time brother, schoolfriend and team leader. In any society some relationships are personal and others impersonal. As for equality in communities, he argued that often ethnographers mistakenly believe a society to be without social stratification because they are unable to identify how status is marked out. Protestations of egalitarianism may serve as a means whereby a group who want to call themselves a community assert their difference. He wrote that a group of people need to simplify their message for the purposes of communicating it to others, otherwise it would be too convoluted and unintelligible. They thus state positions in the form "we think..", "we believe..". This should not be interpreted as expressions of sameness as often they encompass significant distortions of individuals' thought and beliefs which would not pass within the community (p.35). The third myth he debunked is that of inevitable conformity. This is central to structural determinism, the notion that communities in coming into contact with a dominant superculture are stripped of their previous culture and "refilled" with the new one. He wrote that anthropological evidence suggests that culture is not merely imported across boundaries, but is transformed by syncretism through a synthesis of the old and the new into something more in

accordance with indigenous beliefs (p.37).

Although the notion of the rural-urban continuum today seems so obviously flawed and influenced by anti-urban ideology, at the time it was influential. Its credibility was ultimately destroyed on the one hand by community studies (such as that by Vidich and Bensman of the small village of 'Springdale' (1958 in Bell & Newby 1971 p.116)) which exhibited none of the features of the 'rural community' and on the other, by those of cities and towns within which some areas were shown to have the features of an urban village, as exemplified by those of Bethnal Green (Young & Willmott 1957) and Ashton (Dennis et al 1956) described above. The line of thought was finally laid to rest by Pahl (in Pahl 1968 p.267), who argued that very diverse groups live in urban areas in very diverse environments: some are high density but others are low density. He considered it unlikely that they could all be forced into a uniform style of life ('urban') merely by the size and density of the city as a whole. With this, apart from a couple of more recent sightings of structural determinist dinosaurs (for example Tsai & Sigelman 1982 and Lee et al 1984), the debate about types of community in the sociological literature was concluded.

At the same time as the 'rural' community was being pursued other sociologists were trying to formulate generic definitions of 'community'. In 1955 George Hillery (1955 in Bell & Newby 1971 p.27) published a review of ninety-four of these. The only factor he found common to all was that they dealt with people. The definitions split into two categories; generic community and rural community. Rural community definitions were very much in the minority. Bell and Newby (1971 p.27-29) reanalysed Hillery's list and observed that among

the generic definitions, all but three emphasised social interaction as integral to community. Almost three-quarters (73%) of the definitions agreed that the elements of area, common ties, and social interaction should be included. Many of the definitions were contradictory.

The immediate impact of Hillery's work was limited. Much of the subsequent work was no more cumulative in nature than that which had gone before, nor was there a shift in the arena of debate. It continued as it had done before with idiosyncratic contributions being made by a variety of authors. For example Harold Kaufman (1959) argued, most prescriptively, that collective action should form part of the definition of community alongside notions of place and "a configuration as to way of life". He wrote "persons in a community should not only be able to, but frequently do act together in the common concerns of life" (p.9). His preoccupation was with community development and action, seeing the need to 'preserve' the community from "forces hastening its decline" which he defined as "centralisation, specialization and the increase of impersonal relationships". These justified taking the liberty of slipping 'collective action' into the definition of community.

In a similar manner, Sutton and Kolaja (1960) mixed community and community action by formulating a definition of the former in terms of the latter. They argued that "community phenomena" consist of the social interactions which arise from people working together to influence the solutions to the problems they share in a geographical area. In this area a group of families live in a "small but relatively complete socio-cultural system" geared towards the local area, which should also have a specific place name. "'The'

community is the unit of social organisation or structure which comes into being when such interactions become sufficiently regularised or patterned for us to be able to say that the total complex of them comprise an identifiable entity" (p.198).

Although these definitions appear both idiosyncratic and normative it is not hard to see within them both genuine attempts to tackle what can now be seen to be a very slippery notion of 'community' and an ideological need to capture and utilise the term. In these ways they differ remarkably little from many of the subsequent attempts to formulate scientific, non-contested descriptive definitions of community such as those in chapter one. Although many of these appear more polished, they still portray a fundamental failure to explain the nature of the concept. The publication of Bell & Newby's *Community Studies* (1971) helped sociologists to realise this.

2.5 After 1971: search for the meaning of 'community'

After 1971 and the publication of Bell & Newby's *Community Studies* the arena of debate about 'community' moved on. There was a recognition by several authors in diverse disciplines that it was now necessary to understand what was "meant" by community through review of its use rather than normatively prescribing this. In parallel with this was an anti-theoretical movement stemming from the growing popularity of community activism; the belief that the urgent need was for community action, not debate; prescription not analysis.

Those engaged in involving 'communities' in their development and health both in the United Kingdom and overseas apparently firmly believed that they were 'real'. The emphasis has been on action rather than on building a theoretical basis for such work and what theory has been developed focuses mainly on the questions of "participation", forms of community development practice and the dynamics of power. In a review of several volumes on community development and twenty years of issues of the *Community Development Journal* there has been no theoretical debate about what is meant by 'community' indeed few authors even define it, one could speculate that this reflected an assumption that 'everyone knows' what a community is. Similarly, no such debate is identifiable in those parts of the health literature which frequently carry articles related to aspects of Health For All *(Health Promotion, Health Promotion International, The Health Education Journal, Health Education Review, Social Science and Medicine).* What has come from the literature in these areas is a considerable body of empirical evidence about the nature of the "communities" that people work with and the problems which have been encountered through pursuit of 'community' as it *ought* to be rather than considering how it *is.* This literature is reviewed in chapter seven.

In constructing the present chapter's commentary I manually reviewed the following volumes, without identifying any articles which significantly advanced the theoretical debate about the nature of 'community': *Man* 1975-1993; *American Anthropologist* 1975-1993; *Human Organisation* 1975-1991; *City and Society* 1987-1992; *Cultural Anthropology* 1991-1986; *Current Anthropology* 1991-1986; *Anthropos* 1978-1993; *Journal of Anthropological Research* 1965-

1991; *Critique of Anthropology* 1985-1993; *Anthropological Quarterly* 1883-1992; *American Ethnologist* 1980-1992; *Ethnology* 1980-1992; *Medical Anthropology Quarterly* 1984-1993; *Medical Anthropology* 1980-1990; *Sociological Review* 1992-1975; *Sociologia Ruralis* 1972-1986; *Sociology* 1967-1991; *British Journal of Sociology* 1980-1993; *American Journal of Sociology* 1980-1993; and *International Journal of Comparative Sociology* 1980-1987. This was in addition to conducting an on-line BIDS social science citation search.

The quest for an understanding of meaning in the context of use stemmed from a recognition that one definition of community would never be found. Several authors from the disciplines of philosophy and anthropology (for example Plant 1974, & Cohen 1985) have drawn on Wittgenstein (1969 in Plant 1974) in arguing that a word which is used meaningfully in a variety of situations does not have to have one central feature which is common to each situation. Plant (1975 p.10) believed that if we were to stop looking at language in a "one-dimensional way", looking for *the* meaning of the word, we should become more conscious of, what he called, "the 'open-texture' of its use in language and thought".

In *Community and Ideology: an essay in applied social philosophy* (1974), Plant aimed to look at the meaning of community in the context of community work which was then a recently-developed branch of social work. Community has both descriptive and evaluative meanings. He argued that "from a particular evaluative standpoint some aspects of the descriptive meaning of community are

emphasised at the expense of others" (p.13). He identified a range of traits to which community has been descriptively linked, including locality, identity of functional interests, a sense of belonging, shared cultural and ethnic ideas and values, and a way of life opposite to that of modern mass society. He argued that the term 'community' is "fraught with normative import" because it is inseparable from discussion about what society *ought* to be like (p.14). From this he derived an important part of the thesis of the book which is that "the notion of community used in social work contexts had its roots in a disposition of thought about society originating at the end of the eighteenth century" (p.1) and he traced the dominant strands of this thought (discussed above).

In the third chapter of the book Plant opted for a liberal evaluative framework, what he calls "the liberal community" and considered a range of descriptive criteria in order to see which were consistent with this evaluative standpoint. The first he considered was 'geographical area or locality', an important part of the conservative notion of community. He dismissed this by arguing that locality is not a sufficient condition for community because otherwise there would be no need to transform localities through community development (p.39). He then addressed the question as to whether locality is a necessary condition for community by considering functional communities. He argued that functional groups are legitimate communities and used the example of the professions to make his case (p.43) and so concluded that locality is not a necessary part of any definition of community.

The second "tangible criterion" which he considered was "the racial community". He argued that "a community exists only in so far as it is

determinate and has some fixed identity which marks it off from other sorts of social organisation" (p.44); racial characteristics could be such an identity. Although conservatives would argue that blood and kinship are important parts of community, Plant maintained that racial differences only matter in so far as they may be signs of cultural and value differences. A "multi-racial" community would be quite compatible with a functional community, as in the latter *all* values do not have to be shared. However in the liberal evaluative framework, race is not a necessary or sufficient criteria for community.

He then discussed "intangible" criteria, drawing on the work of Raymond Williams (1965) in analysing the relationship between the individual and the social group. He argued that there is a way of describing the relationship which is compatible with the idea of shared communal experience, this is in terms of *membership*. This he described as "the case of the man who finds himself wholly integrated into his social environment and finds in the life of his collectivity something deeply expressive of his own personality, his aspirations and his aims" (p.49). Community work, he argued, is aimed at enhancing feelings of membership. Some form of participation is necessary if a liberal community is to be defined by membership (p.58).

Unfortunately from here on Plant's argument was not developed with consistent rigour. Although he acknowledged his own evaluative framework, the second half of the book resembled a philosophical justification for the current focus of community work rather than a critical approach to it. The discussion of the meaning of community was really only begun before he launched into

participation and became himself strongly normative. He no longer explored counter arguments, choosing instead to glide over the debate about participation.

In so far as they go, Plant's arguments marked a welcome turn in the community debate. His assessment that membership is the most important criterion in understanding the nature of community was a theme independently developed by Cohen (1985) in his treatise on belonging and the symbolic construction of community. Since Plant used no empirical evidence in developing his argument, he set up the next important question, which is to what extent does 'community' in common usage match up against his philosophically-informed understanding of 'community'.

Willmott (1984) in his discussion paper *Community in social policy*, aimed to address the 'community' question from this other perspective through a review of the use of the concepts of 'community' in social policy. His approach was to review published materials, especially policies and activities with 'community' labels and to identify the 'community' element in each. He highlighted the enormous diversity of use of the word, for example at one stage by citing six very diverse examples, which included a synonym for "everybody" and a service run by local people: "community arts"(p.4). He argued that the essence of each is 'sharing' and identified two usages, a population sharing either residence of a geographical area (local community) or a 'thing' (interest community). In addition to these he identified a notion which he called 'community sense'. He said that it could be "plausibly argued" that a place has 'community sense' when there is interaction between a "relatively large proportion of the population", shared interests and values and an identity with

place. In a discussion pregnant with normative tone, he argued that these circumstances are more likely to exist when there are kinship ties, long duration of residence and large numbers of local interest groups. Community sense arises from social class and ethnic homogeneity and a sense of shared adversity (p.6). In this way he developed a "three-fold" distinction of types of community: territorial community, interest community and community sense (p.7).

Although Willmott's Paper was ostensibly empirically based, it bore many of the features of the pre-1971 debate about definitions of 'community'. It had strong normative overtones and it was quite unclear how its conclusions and the "three-fold" distinction of 'community' types had arisen from the data. In a section entitled "local community now" (p.8) he asserted that "obviously communities exist in a strictly territorial sense" and that all that was needed for precision was to decide on the scale and boundaries in any particular instance. He considered community sense was "more difficult" because recent changes in way of life have weakened kinship ties and increased population mobility. Interest communities are waxing, but, he said, do not provide community sense. In his section "Community in Practice" he compared the different uses of community which he found to his three-pronged definition. Here he was stating as fact what are essentially highly contested matters without offering any evidence to justify his position. Below I will present empirical evidence that there is nothing "obvious" about territorial communities and suggest that "community sense" may well be found in "interest communities".

The notion of a three-pronged classification had been a feature of previous debate, for example Dennis in 1968 (in Pahl 1968 p.74) when he said that

community could be found in a locality, a local social system, or a type of relationship. Willmott suggested a slightly modified version of this in 1989, referring to territorial, attachment and interest communities (Willmott 1989 p.2-4). This classification of types of community is that popularly reproduced in elementary sociology textbooks as sociological 'fact' or agreed sociological principles, for example (surprisingly) in the chapter by Howard Newby (in Newby 1987 p.239) in *The New Introducing Sociology*. As I have shown, far from being 'fact', it is a reflection of the arrested state of the community debate and does not represent subsequent recognition of the normative quality of discussions of community and the need to approach 'community' of common usage hermeneutically.

The most important recent contribution to the debate was that by Anthony Cohen in *The Symbolic Construction of Community* (1985). Cohen attempted to understand 'community' through its use, to "capture members experience", "to look outwards from the core". He defined community in a manner which was qualitatively different from those which have preceded him, as "that entity to which one belongs, greater than kinship but more immediately than the abstraction we call 'society'" (p.14).

Cohen argued that the notion of 'community' implies that people have something in common which distinguishes them in a significant way from members of other groups. The word also expresses a relational idea, the opposition of one community to others (p.12). His central thesis is that "people become aware of their culture when they stand at its boundaries: when they

encounter other cultures, or when they become aware of other ways of doing things, or merely of contradictions to their own culture" (p.69). An understanding of the boundary is a necessary precondition for valuing culture and community. So if one wants to understand what 'community' means to its members it is necessary to study the symbolic construction of the boundaries, that which distinguishes one 'community' from another.

The manner in which boundaries were marked varied depending on the 'community' in question. They might be tangible, for example national, administrative, racial or linguistic, or they might be mental constructs, "thought of, rather, as existing in the minds of their beholders" (p.12). He argued that boundaries are symbolic in so far as they provide for people a repository of meaning. As mental constructs, people on opposite sides, or even the same side, may perceive them differently. "The distinctiveness of communities and, thus, the reality of their boundaries, similarly lies in the mind in the meanings which people attach to them, not in their structural forms" (p.98).

Towards the end of the book he discussed the meaning given to the concept of ethnicity in circumstances of social change and social conflict. He wrote that when people confront others they need to formulate a sense of themselves, the nature of which varies depending on who is being confronted. Thus the boundaries of a 'community' may come into their own when the community is under threat. The nature of the 'community' will vary according to the threat, for example it may be based on ethnicity, a village, a region, a country.

In this book Cohen made a significant contribution towards the understanding

of many of the phenomena associated with 'community' with which people have grappled for decades. He offered a web in which the notion of 'community' can be captured and understood, whilst avoiding the definitional tangles and contortions of may who have gone before him; a framework within which the intangible notion of 'sense of community' and 'community spirit' can be understood alongside some of the elements of the previous definitions, for example 'locality' and 'ethnicity', which he interprets as "'objective' manifestations of community" (p.108).

2.6 Conclusions

The post-1971 community debate has represented an important attempt to understand what is meant by 'community' in its usage. There are two facets to this: what does 'community' mean for community members? what does 'community' mean for those who work with the 'community'? Cohen's book represents a fundamental shift away from the historical attempts by outsiders to "discover" what a community is, to an interpretative representation of what 'community' means for its members. The second question has apparently still not been addressed in the literature. It is, however, a key part of the subject of this thesis.

CHAPTER THREE

METHODS AND RESEARCH DESIGN

3.1 Introduction

The research data were collected via in-depth interviews with fifty informants from the health sector, local government and the voluntary sector who were working together to promote health through community involvement, based in four locations. The interviews were tape-recorded and transcribed and the transcripts analysed as 'text'. In this chapter the research design and methods are described. In the first section I explain why the naturalistic paradigm was chosen as the methodological framework and why I considered it preferable to a positivist paradigm for this research project. In the second section I discuss my decision not to use participant observation. In the following two sections I discuss questions of validity, generalisability and representativeness as they arise in qualitative research in general and in the context of this research project in particular. The fifth section contains an account of the inception of the research project and the processes by which the study sites and informants were selected. This is followed by a section in which I give an account of the process of gaining access to the sites and permission for the study. In the seventh section I reflect on myself as a researcher and discuss some of the potential influences of this in particular on the process of data collection. In the last two sections I give a detailed account of the processes of data collection and analysis.

3.2 Choice of methodological paradigm

Research undertaken to inform the science of Public Health Medicine is most

commonly based on epidemiology or questionnaire surveys, undertaken within the paradigmatic framework of positivism. When I first considered research in this area, it was to this that I looked to provide an approach to constructing a research question and the method of inquiry. Positivism is the model of social research which is based on the logic of the experiment, where quantitatively measured variables are manipulated in order to determine the precise relationships between them (Hammersley and Atkinson 1983 p.4). The aim is to identify relationships which have a high probability of applying in all circumstances and so there is an emphasis on careful sampling and a premium placed on the generalisability of the findings. The researchers strive to standardise the procedures of observation and measurement so as to eliminate the effect of the observer on the experiment. The aim is thus to devise ways of conducting experiments such that different observers would reach the same conclusions, discover the same 'facts'. Social research undertaken within this paradigm is centrally concerned with the testing of predefined theories.

The problem I faced was that I wanted to understand what those involved with community participation mean by 'community'. I did not want to approach this with preconceived ideas, as would be needed for the generation of a hypothesis to test. Versions of this had, as I demonstrated in the previous chapter, already been attempted and had not proved very enlightening. I was not interested in ascribing numerical values to different definitions nor determining the probability of certain sorts of people subscribing to particular definitions. I wanted to explore its meaning in an altogether more complex way: to discover how 'communities' were constructed.

I was concerned that had I managed to construct a survey instrument, the validity of the responses would have been impossible to assess. Quantitative methods require respondents to have considered the object of the research to a sufficient extent to be able concisely to answer questions framed about it. I considered that it would have been very unlikely that informants would or could be expected to have had sufficient insight into the different ways in which they conceptualise 'community', and the fundamental assumptions which shape this vision, to answer direct questions about it. This was particularly so because discussion of this is not to be found in the sociological and anthropological literature, let alone in the literature with which my informants were more likely to be familiar. It would have been impossible to speculate about the relationship between any responses which they might have given in this highly artificial situation and the way in which they actually understand their complex social world. I wanted an approach which would obviate the need for the informants to have an objective understanding of their own culture beyond knowing 'how the world is', one which would allow me to construct my own account of this.

I therefore found myself searching for a methodological framework within a different disciplinary tradition. What I wanted to do was to understand the culture of people, such as my informants, who were engaged in community participation in health promotion, to learn to see the world as they do and to develop an understanding of and make explicit the fundamental assumptions which shape their vision. I wanted to capture their understanding in its glorious complexity, without simplifying it and imposing my own categories upon it. I was able to do this through the discipline of social anthropology and the related branch of sociology devoted to ethnographic work.

Social anthropology and ethnographic sociology are disciplines within the naturalist paradigm. They are based on a belief that in order to understand behaviour we must use an approach which gives access to the meanings which guide behaviour; people do not just respond to the physical environment, they interpret stimuli in terms of such meanings (Hammersley and Atkinson 1983 p.9). Research is therefore designed so that the world can be studied in its 'natural state' and not in artificial settings (Hammersley and Atkinson 1983 p.6), thus there is a substantial reliance on the method of participant observation (1983 p.2). Researchers must learn the culture they are studying so that they can interpret the world as those they study do: this is a natural process and cannot be done by following a set of standardised procedures. In scientific inquiry procedures should be assessed in terms of whether they respect the nature of the empirical world under study, whether what they imply about the empirical world appears to be actually 'the case'. In this respect naturalistic enquiry is fundamentally scientific.

In naturalistic research, analytic categories are the object of the research, the central focus and very topic of enquiry. They reveal themselves during analysis of the data, with their nature and definition changing to reflect the accumulation of instances contained in the data at different stages. In this way the categories enable the study of the way in which informants construct their notion or, in this case, notions of 'community' in the context in which they do this and in a manner which reveals and facilitates exploration of areas of difference which emerge. The complexity of 'community' can thereby begin to be captured and studied. The approach thus enables theory and hypotheses to be generated from the data. It contrasts with positivist approaches, where the analytic categories

are a means through which data are collected and the hypothesis tested.

Qualitative methodologies are more than a collection of techniques, they represent a different perspective on research from the positivist paradigm. They may require new assumptions and "ways of seeing" (McCracken 1988 p.18) or explicit attempts to challenge 'old' assumptions. They are not better than or a substitute for quantitative work, but different. They enable different data to be collected in the exploration of different research questions. Quantitative conclusions cannot be drawn from qualitative work.

3.3 Choice of techniques

In the in-depth interviews I used an aide-memoire of topics and questions which I wished to cover, but for the most part they took the form of a conversation designed to allow the informant to have considerable control over the order in which questions were discussed and the overall emphasis. The aide-memoire helped me to cover the key areas of inquiry in each interview without having a formal list of questions which would have fundamentally altered the nature of the research process.

I did not use the technique of participant observation, which is commonly a central part of ethnography. The number of fieldwork settings and the great variety of my informants' workplaces would have made gaining access for observation difficult. I would have had to invest a considerable amount of time, for probably comparatively little additional benefit; something which I did not have as I undertook the field work whilst doing a busy job. Burgess (1984 p.79) identified three aspects to the value of using participant observation. The first

was the opportunity to collect rich and detailed data based on observations in natural settings, the second access to accounts of situations in the participants' own language with access to the concepts used in everyday life, and the third the ability to collect different versions of events. I found that to some extent I was able to do the latter two through in-depth interviewing. Although my data did not arise from observations I was able to collect a profusion of detailed data from the interviews, much of which arose indirectly rather than in response to direct questions. The interviews thus took on the form of snap-shot recording of my informants' talking about 'community'.

Hammersley and Atkinson (1983 p.8) identified participant observation as of particular importance in enabling ethnographers to learn the culture of those they study. I did not need to 'learn the culture' in this way, my background of previous involvement in a Health For All project rendered me a 'native ethnographer'. A couple of years earlier, in different circumstances, I could equally well have been an informant rather than the researcher on such a research project. The greatest challenge I faced in this role was to create sufficient distance between my own experiences and understandings and those of my informants so that I could view my data more objectively. Not engaging in participant observation was possibly beneficial in this respect.

3.4 Validity and the notional 'truth'

In social anthropology and ethnographic sociology it is believed that a body of data cannot be isolated which is uncontaminated by the researcher. All research is conducted in the social world and thus the research process itself becomes part of the social phenomena under study. All data involve theoretical

assumptions and their analysis involves some degree of selection, interpretation, inference and utilisation of the researcher's own 'common sense' knowledge. The 'reflexive' character of social research requires the researcher to understand this, as well as the inevitability of biases being brought to the processes of data collection and analysis, and actively to take this into account. The researcher is the research instrument, thus rather than attempting, as the positivists do, to develop a research instrument which can produce the same findings irrespective of the observer, in naturalistic research it is recognised that the positivist notion of reliability is both unattainable and undesirable. Attitudes and behaviour will vary in different contexts and the researcher forms an important part of the research context.

The question of validity is framed differently in social anthropology from quantitative research. Data are not treated as ultimately 'true' or 'false' but as a 'field of inferences' in which hypothetical patterns can be identified and their validity tested (Hammersley and Atkinson 1983 p.18). Informants in interviews provide accounts and versions of events and their beliefs and attitudes rather than 'telling it as it is'. The process of triangulation is used to attempt to validate inferences drawn from one data source with others. Thus in constructing a description of a phenomenon a researcher will draw on the accounts of it from different participants. Different kinds of data are examined to confirm or refute a conclusion, based on the assumption that different kinds of data have different types of error built in, and so they counteract various kinds of threats to the validity of our analysis (Hammersley and Atkinson 1983 p.198).

Informants inevitably sometimes provide socially acceptable versions of events, what Cornwell (1984 p.16) called 'public' accounts. These she contrasted with 'private' accounts which "spring directly from personal experience and from the thoughts and feelings accompanying it". Cornwell believed that re-interviewing enabled her to gain access to the 'private' accounts of informants. I found that my previous acquaintance with many of my informants and my position as an 'insider' meant that I could attain a level of intimacy with many of them, which others must strive for through reinterviewing or the familiarity of being a participant. In the 'Healthy City' where I had worked, I knew both the background to the project and much about how the informants related to each other and so was able to interpret nuance and pursue lines of inquiry which would otherwise not have been possible for an interviewer coming in 'cold'. Much of my most valuable data came from discussions with informants of incidents and relationships which had occurred when I had previously been working there. However the public/private dichotomy did not present itself in a very clearly defined manner. Informants frequently moved between 'public' and 'private' at different stages in one interview.

Like Cornwell (1984 p.16), I found that I was much more likely to get 'private' accounts when informants responded to open questions such as "Could you tell me about your involvement in Health For All so far?", which essentially gave informants a chance to speak about anything which they found interesting or thought I might be interested in. If I asked direct questions I was much more likely to get a 'public' account. In several of the interviews I was conscious of being regarded by my informants as an 'expert' and sensed my informants' anxiety not to be seen to be 'ignorant' about meanings of key concepts, such as

community or empowerment. In these cases I was provided with text-book style definitions. Some of my informants were restricted to 'public' accounts because they proved to have limited personal experience of the areas under review. I did not find that such interviews yielded very useful data and so tried to restrict interviewing to those who had had more direct involvement in Health For All work. In an hour it is only possible to begin to sample a person's experiences and perspectives. This did not make my research invalid. I was interested in how informants spoke of community and the unconscious assumptions underlying this rather than detailed descriptions of aspects of their projects. Had I wished to provide "thick" descriptions of events and occurrences in a project I would have needed to examine other sources of data, for example documentary evidence, minutes of meetings, and to interview local people. This was not my intention, review of such sources would not have greatly enhanced my understanding of how my informants constructed their notions of 'community'.

In each health district (or study site) I relied heavily on a key informant to advise me in the process of identifying other informants. This potentially could have biased the selection of informants, possibly towards those that she would have considered to be 'good' or like-minded. Such biases are unlikely to have greatly influenced the findings which I present in this thesis because of the method of data analysis used, in which the interview transcripts were regarded as text.

Some social anthropologists seek respondent validation by presenting their research findings back to their informants (Hammersley and Atkinson 1983

p.198). Their reactions cannot be taken as direct validation or refutation of the observer's inferences because their reactions will be influenced by their own interests and the extent to which their own interpretations are supported. Such processes do, however, provide another valuable source of data. I had occasion in March 1994 to present some preliminary inferences to a Healthy Cities Conference. Although none of my informants were in the audience there were several people there who were 'like them'. At the end one Health Promotion Officer, who like some of my informants was a Healthy Cities project co-ordinator, approached me and said that she had been really interested in my presentation and at last she realised why they could never resolve the problem of getting satisfactory community representation on the steering group. I will be presenting my research findings back to my informants as a matter of research ethics rather than seeking validation of my inferences.

3.5 Generalisability and representativeness

Although my informants were not a representative sample in the statistical sense, they were representative in the colloquial meaning of the word, as people who were involved in trying to implement injunctions to enable community participation in health promotion. They came from different sectors, different jobs, had had different experiences of working with 'communities' and held differing perspectives on the importance of involving 'communities' in health promotion. The main gap in the spectrum covered by my informants was reflected in my consistent failure satisfactorily to interview local people who were involved. This itself was in part a testimony to the paucity of local people engaged in an active sense by those undertaking activities which aimed to promote community involvement.

were involved. This itself was in part a testimony to the paucity of local people engaged in an active sense by those undertaking activities which aimed to promote community involvement.

The findings of qualitative research are not generalisable in a numerical sense. My findings represent my interpretation of meanings given to 'community' by a particular group of actors, in particular circumstances and at a particular point in time. I hypothesise that other actors in similar circumstances interpret 'community' in similar ways and that the specific problems which arise in these circumstances may be found in other situations. The approach which I adopted to generate this 'theory' I have laid open to scrutiny, the hypothesis itself now needs to be tested through further study.

3.6 Inception

The research was undertaken whilst I was a Senior Registrar in Public Health Medicine employed on the North East Thames Regional Health Authority's training programme. The project was indirectly sponsored by Haringey Health Authority and North East Thames Region through their contribution of my time and thus my salary. In addition North East Thames reimbursed my travel expenses. As a result of this sponsorship I felt obliged to make my research as locally relevant as possible and thus to locate it in the Region; I also recognised that there would be an advantage in this as I knew the territory and many of the actors.

3.6.1 Selecting districts

Before the start of the research during my work in Public Health Medicine I had observed that there were variations between districts in the contextual framework within which "communities" were invited to "participate" in health promotion. Some districts had intersectoral Steering Groups for their Health For All project, others did not. Some had several designated staff, others had one or none. Some had strong links to the World Health Organisation and were on the 'cutting edge' of debates in the field, others were relatively isolated. Some districts had large, well funded and experienced voluntary sectors, others had a few, disparate groups. I hypothesised that the specific situational and structural contexts of districts might influence local interpretations of "community" and "participation". I therefore decided that my conclusions would be more acceptable to a Public Health Medicine audience if I gathered data in several different districts. I decided to interview in four as the number was large enough to capture several important differences in setting, but sufficiently small to be manageable single-handed in the time available.

The focus of the research which dictated the geographical boundaries of the areas under study were three Health For All/Healthy Cities projects and the work of one Health Authority with a district's population. These boundaries did not always coincide with health authority boundaries, in three of the projects they more closely followed the boundaries of local authorities. I chose the first project because it was the only WHO Healthy City in South East England. It had an established and active steering group and was an inner London district. The second area I chose was another inner city district which was not actually a 'project' as it had no Health For All designated workers and no steering group

but I had been told by the Director of Public Health that the principles of Health For All were incorporated into all the work of the Health Promotion Department.

Much of the debate in the sociological literature centred around the impact of the physical environment and, in particular, urbanisation on 'community'. I wanted to include projects set in contrasting physical environments so that any impact which this might have on informants' notions of 'community' could be captured. There was one outer London, semi-rural district which had a Health For All steering group and team of workers, so I chose this as my third project. It also differed from the first in that here the project was in still in its infancy. For my fourth project I chose a new town in the countryside. It had had a Health For All steering group and employed a designated worker but the steering group was no longer active. At the time I made the decision I considered that it might be of value to explore the circumstances which had led to the apparent failure of this project and differences in working in more rural areas, although subsequently I did not analyse data relating to this.

In order to maintain confidentiality, I have anonymised the locations of the study. On occasions, I found it interesting to distinguish the new town from the other locations and so I have employed the synonym 'Newtown'. On other occasions I have arbitrarily interchanged references to 'Borough' and 'town' so as to provide some anonymity for informants from the new town. As I had few men amongst my informants, I have opted to use the female gender throughout. Any first names used are synonyms, as are the names of voluntary organisations. Where I have done this I have substituted organisations which are

similar in size and in relation to their interest in health. Where references are made to groups catering for a specified ethnic group, I have also made substitutions.

3.6.2 Selecting informants

People were recruited as informants through the formal framework of membership of Health For All Steering Groups and informal, work-related networks. The method of sampling was what Burgess (1984 p.73) refers to as judgement sampling, in that informants were selected in the light of judgements I could make on the basis of the 'advance' information available to me - see previous section. It was not possible or desirable to interview all of the Steering Group members, so the selection of informants was influenced by local circumstances and a concern to have informants from a range of backgrounds. The districts were very different and so the focus of data collection in each varied. Many of the informants were chosen because some aspect of their work put them in a position of having a potentially interesting 'angle' on community.

I interviewed 50 people amounting to a total of approximately 54 hours. Of these, 16 were in the suburban project, 12 in the new town, 13 in the Healthy City and 9 in the inner city Borough. In addition to this I spoke with some pensioners in the new town. In each project I used one person as a 'key informant' to advise me on who to interview. It was common for informants to ask me who I had seen and who I was planning to see and to offer opinions on this. This frequently led me to revise my proposed list of informants, in some cases making additions, in others swaying a decision against a particular person. My key informants in three projects were the co-ordinators of the projects, in

the fourth it was the Director of Public Health. My strategy in selecting informants was to recruit people involved in each project who occupied a range of employment grades, across the range of sectors involved with the project. Where projects had discrete examples of areas of work or sub-projects which they were undertaking, I tried to identify additional people who were involved and also considered interviewing them.

In each project I interviewed from the health sector the Manager of the Health Promotion services and in three of the four projects, the Director of Public Health. Where there were formal Health For All Projects, a co-ordinator was employed and I interviewed the three of these. Three Health Promotion Officers, a Locality Manager, a Manager of Health Visitors and two Senior Lecturers who were involved with projects were also informants. From the local authorities, I interviewed eleven informants from Social Services, Leisure, Planning, Consumer Services, Environment, Education and Economic Development Departments. I also interviewed three neighbourhood office managers and a councillor. From the voluntary sector I interviewed informants from three Voluntary Service Councils and eleven other voluntary organisations. I also interviewed the secretaries of three Community Health Councils. A table describing these informants can be found in Appendix 1.

The exact process by which informants were selected varied from project to project. The first project was the suburban project which had just been set up. Here I was given a list of 14 people who attended a two-day Workshop at its inception. When I started interviewing I was uncertain how to make a selection between informants who apparently fell within the categories of people who I

wished to interview and at this point had no previous experience to guide me. I asked my key informant for her opinion, and she suggested that I might omit one person who she thought would have difficulty discussing the issues and one of the voluntary sector representatives who was not yet in post. She also pointed out that there were two representatives from the one department of the local authority and suggested that it might not be worthwhile interviewing both. Two other steering group members did not attend the Workshop, but had been involved in recruiting workers or with the only sub-project.

I started with the intention of approaching these 15 informants. I selected between the two from the local authority department on the grounds that one was from a minority ethnic group which might have had a bearing on her notion of 'community'. However I changed my decision about omitting one of the other two, as she had a title incorporating the word 'community' and I was both interested to inquire how she interpreted it and uncertain that I had excluded her on sufficiently robust grounds. Before I had finished interviewing the voluntary sector worker came into post and so I also reversed this decision as I valued an additional voluntary sector perspective. I approached two local people who were involved with the only sub-project but could only interview one of them as the group was in severe financial difficulties and the other had left.

My experiences interviewing in my first project had indicated that people who were only very peripherally involved with Health For All and 'the community' made poor informants, I was thus eager in the second district to hear my key informant's perspective on how involved each person she suggested as an informant had been. I tried to get a mix of informants. Some had been on the

now-defunct steering group, others had not but were now involved. Some were still active, others had lost interest and ceased to be active. In this project only one voluntary sector organisation had been represented on the steering group and I had some difficulty identifying potential informants who were from the 'community'. One informant offered to arrange for me to interview some pensioners who had been involved in a sub-project. Unfortunately I arrived towards the end of their coffee morning. The informant rather 'took over' the process, calling for volunteers from the pensioners and before I knew much about it I found myself in a very small room trying to hold a group interview with four pensioners. This ended 5 minutes later when their transport arrived for them to go home. The data that resulted was, hardly surprisingly, not very useful and I decided not to try and repeat it.

After my first six interviews here I perceived that the quality of my data was much poorer than that from the previous district. The project was moribund and had done so little when it had been stronger that informants found it very difficult to talk about it or related questions. I made a decision to limit further interviews to those that I was confident would be useful. The consequence of this was that several informants who I had considered interviewing I subsequently did not approach. One of these was the Director of Public Health who had not been personally involved.

My third project had some very active sub-projects and so I made these the focus of my approach to selecting informants, supplementing them with a few others from the Steering Group from each sector. My decisions about who to interview from the Steering Group were primarily influenced by a desire to

concentrate on people with the most experience of community participation in health promotion, or those in the most influential positions in the Project. Here I again tried to interview people from the 'community', in the form of the Chairs of two sub-projects, unfortunately although informants offered to arrange them they did not do so and after three reminders I gave up. As there was no 'project' in my fourth district, I interviewed relatively more informants from the Health Promotion Department. All the informants were identified by the key informant, and in one case a substitute was interviewed instead (who I was told would be "good"), because the person originally chosen declined on the grounds that she did not really work with the 'community'.

3.7 Permission

In each district I sought the permission of the Director of Public Health for the work. This was chiefly a matter of courtesy as they mostly had no managerial relationship with the informants. I wrote to each, describing the research as "looking at approaches to community participation in health promotion" and indicated that I wished to identify areas of community participation in their district and interview people involved in the project. Two of the Directors responded directly and two forwarded my letters to the Director of Health Promotion and the Co-ordinator of the Health For All project. In all cases the responses were positive. Before the start of the research I already knew personally three of the four Directors of Public Health and in one project I had been 'recruited' by a member of the Health Promotion staff who was particularly insistent that I should work there; these factors undoubtably facilitated access.

Although getting overall permission to study projects was easy, I still had to negotiate access individually with each informant. This was undoubtably facilitated in districts with Health For All projects by the common involvement which my informants shared. Frequently the response I received was "Oh yes, Health For All..." and an appointment for an interview followed shortly afterwards. The assistance that contacting informants through Health For All networks provided was thrown into sharp relief by my experiences in the one district which did not have such networks. Here I had considerable difficulty arranging interviews. One person refused to be interviewed, another agreed but wanted it by phone although after some persuasion gave me an appointment. On two occasions when I went to the offices of informants for interviews I found them not there and it was only after several phone calls that I was able to make new arrangements. Another informant agreed to an interview when I spoke to her face-to-face but exhibited barely concealed hostility in doing so. Fortunately this was not carried over into the actual interview.

3.8 Reflections on myself as an observer

As I discussed earlier, in social anthropology researchers make a virtue out of their involvement in the research process, becoming the instrument of the research and the deliberately mine their own previous experience, knowledge and personality in a dynamic process of interaction with both informants and data. Central to the analysis is the interpretation of the assembled data. Here striving to achieve objectivity entails a perpetual examination of the researchers' judgements, thus placing a permanent consciousness of reflexivity at the heart of the work.

McCracken (McCracken 1988 p.25) asserted that "North American respondents use every available clue to categorise the investigator and the project". I was very conscious that during my field work my informants categorised me and I them. It thus becomes relevant to reveal some of my own background, which I believe was used by informants to categorise me and had a bearing on the outcome of the project. I am a woman, a Senior Registrar, aged around 30 and come from a professional, middle class English background. These factors were reflected in the power relations between myself and my informants and influenced the nature of interactions in the interview setting. My position as a Senior Registrar in Public Health Medicine automatically positioned me in the health authority hierarchy on a level or two beneath my Director of Public Health informants. My position with respect to my Health Promotion Department informants varied according to their status and interpretation of their relationship with Public Health. The National Health Service is a strongly hierarchical organisation and these positionings were palpable during the interviews. Those who regarded themselves as in a position of superior or equal status to me talked much more freely, in a much more relaxed manner and revealed far more of their personal feelings than those who regarded me as superior and/or more powerful.

When interviewing some of the informants from the voluntary sector and local authorities I was conscious of my class and professional background placing me in a more powerful position than my informants. In addition, although I tried to present myself as 'a researcher', I was viewed with some suspicion by some voluntary sector informants, which in some cases may have adversely influenced my ability to collect data. I consciously attempted to manipulate my dress,

demeanour and speech to try to reduce differences. With one or two informants my position as a 'researcher' inhibited the interview as I was considered to be an expert. Two informants spent most of the interview leafing through files in order to support everything they said to me. On such occasions the resulting data was notably less useful. One key informant was so nervous that I found an excuse to abort the interview and returned to her a month later for what proved to be a very much more relaxed and rewarding interview.

In some of the interactions with my informants I was conscious that I was put in a position of trust and intimacy, given access to their 'private' thoughts, often out of proportion to any prior relationship with them. On reflection I felt that in these circumstances I was considered 'one of them' and therefore it was safe to lower defences and reveal all. The circumstances in which this happened varied. Sometimes it would be with a Director of Public Health because I was also in Public Health, on another occasion I was conscious that my informant considered me a 'soul-mate' because of my interest in community development and her expressed need for support in this area. Overall, the district where I was most aware of this was in the project in which I had previously worked.

Only three of the twelve informants in this project were not previously known to me and I found many people received me with considerable familiarity. I was able to engage much more rapidly and was offered intimate confidences and potentially sensitive information about others (not on the steering group). By far the most valuable insights were provided by the interviews in this district. Previous acquaintance does not, however, always facilitate interviews. I had had difficulties in my previous relationship with two of my informants. In one case

the unresolved difference surfaced within a few minutes of the start of the interview. At the time I feared that I would have to abort everything, but we cleared the air and then proceeded with an interview which was very long and yielded very valuable data. On the other occasion the old rivalry permeated the whole interview and the resulting material was of little value. I also found that because everybody knew that I knew them all they were less willing to share current 'gossip' with me about their colleagues. In some of the other districts informants had made me party to confidences, in the manner in which travellers on aeroplanes often are made party to very personal information, in the knowledge that I was not aligned and would probably never be seen again. I was not told this in the district where I was known and that to a certain extent was a sign of control of disclosure of information, but on the other hand I knew a lot about people's personalities and did not find the 'gossip' in itself a useful form of data.

3.9 Process / collection of materials

The interviews were conducted between March 1992 and March 1993 and were audio-tape recorded. At each interview I negotiated use of the tape-recorder. I worked sequentially through the districts, interviewing in the first in March and April 1992, the second in May and June 1992, the third in October and November 1992 and the fourth between January and March 1993. Until the end of the field work I was allocated a notional two days a week for my research. I found it very difficult to use this time in a systematic way partly because of the need to fit interviews around the availability of the informants, but also because of pressures of other work. For this reason there were periods during

the twelve months when I did no research at all, for example between mid-July and mid-September. I also found that I was not able to do as much analysis of the data in parallel with interviewing as is recommended in ethnographic research, or as I would have liked.

The interviews were semi-structured, in that I had an aide-memoire of areas which I intended to cover with each informant. The aide-memoire (Appendix 2) contained a list of issues relating to the theory and practice of community participation: who is the community? what is the community's role in projects? what is community participation? why community participation? what outcomes are anticipated? is there a separation between community participation and health education? Not all the issues were covered with every informant as they differed in areas of interest, expertise and experience. To a considerable extent informants were able to dictate the emphasis of the interview. The interviewing style adopted sought to encourage maximum control on the part of the informant, with minimal prompting and questioning from me. I tried to use the aide-memoire in an unobtrusive manner and only raised points which had not been covered in the interview at the end of it. I found that informants tended to 'dry up' if there was too much interruption of their 'flow' of speech early on. Often informants returned to issues and clarified them themselves at a later point in the interview without prompting, or alternatively I found 'natural' conversational opportunities to raise issues which had not been covered.

I approached most of the informants by telephone and was able to arrange to meet. At the interview I gave informants a one page description of my research, indicating that my intentions were to "explore approaches to and understanding

of community participation and the form it takes in particular projects". After the interview I sent each a thank you letter which reiterated assurances of confidentiality, that "neither themselves nor the district would be identifiable" and provided them with a phone contact number should they wish to contact me again (copies are in Appendix 3 and 4).

Only one disaster occurred during interviewing. This happened on one occasion when an interview was interrupted quite early on and I inadvertently turned my tape recorder off instead of putting it on pause. This mistake led to my losing any record of two-thirds of that interview. I was able to reconstitute some of it from memory but a considerable amount of data was lost.

3.10 Data analysis

After each interview I made notes about my relationship with the informant and the context of the interview in a field-work notebook. I then either started transcription of the interview creating a machine readable record, using a standard word processing package (WordPerfect 5.1), or if this was not possible I listened to the tape and made notes. This provided me with the opportunity to reflect continuously on the data as it was collected. I coded each transcript to anonymise the data and made a hand-written index for each. As I proceeded I kept notes of the process of selection of informants in each district. After interviewing was finished I condensed the indexes together into two large indexes of the core categories which were beginning to be visible in the data.

From examination of the indexes it was possible to identify core categories. I then started the laborious process of reviewing each transcript and identifying

extracts which related to these core categories and copying them onto small index cards. During this process several new categories emerged. I went through each transcript in this way and finished with one and a half shoe-boxes full of index cards arranged into 24 core categories. I colour-coded a corner of each card according to district for ease of handling and also to provide a visual representation of the contribution of each district to the data. The 24 core categories are listed in Appendix 5. I decided not to use text-analysis software in part because it would have been logistically difficult as none was available at my workplace, but also because they are not a great advance over standard word processing facilities. They facilitate the sorting of data into defined categories and create files from these categories, however, this can also be easily accomplished using WordPerfect. Undertaking this task manually has the advantage of familiarising the researcher with the data and enabling reflection on the categories and the construction of new ones as the process proceeds. It is also easier to identify data which pertains to a particular category but does not have any of the obvious key words. In social anthropology it is ultimately the researcher who analyses the data, not software.

I constructed files on the computer for each core category, with the extracts identified by transcript, page and line reference numbers so that I would not have to retype them. The first core category I examined was 'community'. I interrogated the extracts which referred to 'community' first in order to list the different uses and meanings of the word. This process also revealed that informants had ideas of what was not a 'community', what particular features made an area a 'community' and the data contained lengthy discussion of the problems encountered when working with 'communities'. As these sub-

categories emerged through data interrogation or through identification of common threads, I was able to rearrange the extracts and start writing small sections on each.

I repeated these processes on the core categories of representation, community workers and the voluntary sector. I had originally envisaged that these four categories would form one chapter of my thesis 'What is a community?' and that the other chapters would cover the meaning of 'participation' and the organisation of Health For All in districts. As the analysis progressed it became apparent that 'community' warranted a thesis on its own. I therefore did not proceed further with analysis of the other categories, which together constituted two-thirds of my shoe-box of index cards.

I kept a list of the emerging sub-categories and used it to identify new lines of inquiry. It was also from this that the form which the thesis would take became apparent. Throughout the analysis I looked for similarities in ideas held by members of a district or a sector. Right up to the final stage of writing I moved up and down between the different forms of my data. Occasionally lines of inquiry, suggested by review of the list of sub-categories, would send me hurtling back through my layers of partially analysed extracts to the original transcripts. More usually analysis was conducted on the partially-analysed core category data or by review of the subcategories. I then drafted versions of the thesis outline, arranging and rearranging the sub-categories until I found a stable framework for presenting the material. It was only at the final stage of writing that the central thesis really crystallised from the data, although much of it I had considered at earlier stages.

CHAPTER FOUR

MEANINGS OF 'COMMUNITY'

4.1 Introduction

In this chapter meanings of 'community' are explored. It commences with a discussion of the relationship between my informants and the 'community', I reveal that they all regarded themselves as 'non-members'. It thus becomes apparent that this thesis more specifically concerns meanings of 'community' for non-members. In the second part of the chapter I reveal these meanings and in so doing draw on Geertz's conceptual framework of 'layers of meaning' (1973). I describe three layers: definitions; common usage; and a collective representation of 'community'. In the final section of the chapter I examine what is meant by 'sense of community' and in so doing suggest that this reflects the notion of shared culture which Cohen (1985) identified as the meaning of 'community' for its members. I discuss the implications of this in the light of differences between the ways that members and non-members construct their 'communities'.

4.2 Membership and non-membership : the relationship between my informants and the 'community'

In order to understand the meaning of 'community' for my informants it is necessary to understand the context in which 'community' is given this meaning. Part of this context I described in the previous chapter, however an outstanding part of this is to consider the nature of my informants' relationships with the 'community'. This I will now describe. The subject of the interviews

was my informants' work and this was also the immediate environment in which most of the interviews took place (the one exception being held in my office). I described in the previous chapter those aspects of my informants' employment which had led them to be approached for the study. To summarise briefly, they were all employed by the health sector, local government or were community workers, with the exception of one Councillor and one local academic. All my informants worked with 'the community' in their professional capacity. However as well as working, all my informants also lived in a locality, many of these within the borough or district in which they worked. Many were parents, used local facilities, schools, health services in the study areas, at least one was a Councillor in another borough, several were members of minority ethnic groups, some gay or lesbian. All these aspects of their lives and more contributed to their knowledge and experience of 'community'.

Recognising this context, a casual observer might be forgiven for initially assuming that many or all of them would have experienced being members of a 'community' or 'communities' at some stage, based on the colloquial use of the word. I was at first surprised that only one informant identified herself as a member of 'the community'. She was different from the others in that she had first been involved in health in the Borough as a citizen participant rather than employee. Most of my informants spoke of 'the community' as something they worked with but were not a member of.

They revealed their perceptions of their relationship with 'the community' through their use of metaphor and imagery. Lakoff and Johnson (1980 p.1) argue that metaphors should not be regarded as "rhetorical flourish" but as

reflections of the conceptual systems of people, how they think, act and perceive. The most common were what Lakoff and Johnson (1980 p.29) called "container" metaphors. Informants used the imagery of the 'community' and statutory sector being in different containers, with implicit boundaries. People or places were described as being "in" or "within" the community or "out" or "outside" of the statutory sector. People in 'the community' were "out there" or something might be "pushed out into the community". Inherent in the container metaphor is a notion of distance between 'community' and 'non-community', because the sectors are in separate containers a "bridge" is needed "between the two" in order for them to communicate and work together. Informants used verbs of distance, travelling, stretching or linking in order to describe this process and in so doing revealed their perceptions that the 'community' was 'other'. If someone wished to work with the 'community' they would need to "get access", "get to", "reach", "get hold of", "tap into", "to go out", "to go and meet" or "to go into" the 'community'. One health promotion officer used an orientational metaphor "go down to" the 'community'. Lakoff and Johnson (1980 p.16) observe that our conceptual system is orientated so that "good is up; bad is down", so high status is up and low status is down. The informant was in this way revealing that not only was she distanced from the 'community', but quite possibly she also perceived herself as better than it.

If my informants regarded themselves as somehow distanced from the 'community', as not members, what does that reveal about the notion of community membership? The possibilities are limited: community membership must either be a misconception, an all or nothing phenomenon or something which it is possible to hold consecutively or simultaneously with non-

membership. The first possibility is that the notion of community membership is misconceived, something conferred on others but not understood by 'members' themselves. The explanation of the use of the container metaphor above might be that it is used to differentiate 'the community' as one container and a person's physical body bounded by their skin as another. Thus even if a person were not in the 'statutory sector container' they would not be in the 'community container', there would be bodily separation between themselves and 'the community'. This argument can be discounted by the one informant who said:

> I actually live in the community and have done for 25 years...I...am a member of the community

Some people do perceive themselves as members of a 'community'.

The second possibility is that membership is all or nothing, a person either is a member or is not. Were this the case it would be necessary to believe that by some statistical freak I had identified forty nine other informants who had never considered themselves to be members of a community. Cohen (1985) provided a basis for understanding how people could regard themselves as not members of a community by arguing that the use of the word is occasioned only by the need or desire to express difference. Communities are only understood at their boundaries. Could it be that all of my informants inhabited such homogeneous worlds that they did not perceive a difference from others or had never had a need or desire ever to assert this? This would be highly unlikely in view of the characteristics of my informants mentioned above and was certainly not the

case. Some of my informants said they had been members of communities in the past, even if they did not regard themselves as such now, as illustrated by the following extract shows:

> I've lived in Newtown all my life and where I used to live you did know people all along the terrace and you did have a sense of community

The other explanation is that people have 'community' and 'non-community' parts to their lives, separated by time (consecutive) or occurring simultaneously, a member of one community whilst being a 'non-member' of others. Community membership may be something which people perceive at some times but not at others. In other words, everybody has the potential to be a community member. This we will explore further.

The informant who said she lived "in the community" talked of her experience as a governor of her children's school:

> There isn't a community there are communities. What I was able to observe was the way in which the communities were becoming much, much more fragmented during that period and for instance when my children went to school...the intake then was a balanced intake between the white working class...the Bangladeshi children and so on. Whereas now it's just overwhelmingly a Bangladeshi school

In this she identifies two communities "white working class" and "Bangladeshis" which she was not part of. She was not Bangladeshi and in the interview she suggests that she considered herself middle class, as I did. The apparent paradox between this and her earlier statement of community membership can be seen to be not a paradox at all if it is possible to be a member of one or some communities whilst simultaneously not being a member of others. This would be entirely consistent with Cohen's identification of the relational nature of community, although it would be wrong to assume that just because one group identified themselves as a 'community' different from others that the 'others' should also regard themselves as a 'community'. Informants thus differentiate between 'a' community and 'the' community. A person may be a member of 'a' community but not of 'the' community, or vice versa.

It seems very unlikely, unless perceptions of community membership are very uncommon, that my forty nine informants would have been interviewed whilst all in 'non-member' states. Unfortunately I did not deliberately seek information about other aspects of their lives to refute this. It is more likely that in the context of the interview my informants spoke of a notional 'community' with which they worked but were not members. Their perspectives were those of people who stood on the outside and looked towards it. This included the informant discussed above. When she spoke, for example when she said "we need to validate information coming in from the community", she did so as a non-member, a professional participating in the local Steering Group. This is not to deny that people's beliefs and knowledge are shaped by the totality of their experiences, rather to argue that the metaphors used by my informants indicate that the perspective shared with me which I interpret and re-present here

primarily concerns their understanding of 'a' or 'the' community of which they were not members. My thesis therefore concerns the meaning of 'community' for non-members and as such fundamentally differs from the perspective taken by Cohen in *The Symbolic Construction of Community* (1985).

4.3 Meanings of 'community'

4.3.1 Conceptual framework

The study of meaning in this thesis is not an attempt to identify one meaning of 'community' for non-members but an attempt to delve into the depths of meaning within which the notion of 'community' is located. Clifford Geertz (1973) invoked imagery of layers of meaning when he related an Indian story (p.28-9) about an Englishman who, having been told that the world rested on a platform which rested on the back of an elephant, which rested on the back of a turtle, asked what does the turtle rest on? The reply was another turtle. And that turtle? "Ah, Sahib, after that its turtles all the way down". In this study of meaning we will start the platform and work through to the layers of turtles, the "thick description" (Geertz 1973 p.7). Certainly we will not get "all the way down", cultural analysis is intrinsically incomplete (Geertz 1973 p.29), that is the nature of the game.

4.3.2. Community : definitions

At the most superficial level the meaning of 'community' is revealed through stated definitions of 'community'. Many of my informants had some form of definition which they presented either in response to a direct question e.g "what do you understand by the community?" or as a statement arising spontaneously in the interview, "the community is....". These definitions followed one of two

approaches. The first was to take a geographical area, such as a Borough, and to say that "the community" is a notional "everybody" who lives in that area. The second approach was to consider that the people who live in an area are not so much independent individuals as people sharing certain characteristics with others; small clusters of people who share something. Cohen (1985 p.12) observed that inherent within the notion of 'community' were two ideas, one a relational idea: the opposition of one community to others; the other aggregational, based on perceptions of sharing something in common. The first of these two approaches to formal definitions differs from Cohen's observation in that it encompasses the relational notion without the aggregational.

The approach which informants took to these formal definitions appeared to be strongly influenced by their work, to the extent that all the local authority and voluntary sector informants defined it according to the first approach, although exactly who was included in "everybody" differed substantially:

> Everybody, the statutory/voluntary/business, the whole gamut. Everybody who lives and works in [the Borough]

> The community are the people who live here...not necessarily the people who work here, but the people who live here and use the resources which are here the shops, facilities etc

> The community is the people who live in the Borough

Whilst all the health sector informants followed the second:

> The community is lots of different people...it can be a street or a social group or an age-group or whatever

> Groups with similar purposes and aims in life

> Something that actually brings people together [e.g] various villages, various groupings that actually have some identity

In these extracts it is apparent that the informants were trying to capture a sense of how a 'community' might be perceived by its members. They formulated their definitions around characteristics which they envisaged would provide an aggregating focus, which would "bring people together", give them an "identity" and distinguish them from others not so "similar". A full list of definitions which can be found in Appendix 6 contains a great range of characteristics which can be shared: disability, deprivation, a health problem, a social group, residence in a street, a village, religion, an age group, service use, needs and ethnicity.

Part of the explanation for this employment-influenced divide was revealed by two informants who indicated that their definitions were not just formal but also formalised, reflecting the aims and objects of the organisation or job. For example an Environmental Health Officer said that it should be "everybody who lives, works and visits the Borough" and made a point of showing me that this is how it was stated in the objectives of her Department. Another statutory sector employee whose responsibilities span a geographical area covering roughly two and a half Boroughs, said the 'community' is everybody who lived

in this area and similarly 'proved' this to me with documentary evidence. The following extracts suggest that the different approach taken by health sector informants may also reflect aspects of their work, if not in such a formalised manner. In the first, the informant is a health promotion officer, and in the second, a secretary of a Community Health Council:

> It's people out there relating to our programmes. For older people it's going to be very different from mothers, for HIV issues it's going to be different from other issues

> This group here and that group there and a group somewhere else or whatever...so it might be black and minority ethnic groups, disabled people, older people, people using mental health services...Those are the standard groups Community Health Councils have become experts on over the years

Examination of these formal definitions indicates that, even at this relatively superficial level, the manner in which the notion of 'community' is constructed is context dependant. Not only, as we have just seen, do different people in different circumstances define it differently, but the same people in different circumstances do so too by either switching between definitions or using several simultaneously. This was illustrated by the few informants who provided two formal definitions. In each pair it was apparent that one was a formalised definition and the second was related in an immediate and applied sense to themselves in their work context or a notional "you":

1. Anyone who lives in [the Borough], anyone who has a stake in it. I'm not so interested in the business community...so people who live in [the Borough] and the ones who have to use the health and social services
2. For me it would be disability groups and disabled people because that's my remit

1. I suppose the community is everybody who lives and works in [the Borough] in its broadest
2. My health promotion unit was all work based so my community was the workforce

1. People who live, work and have in some way an association with the Borough, that's at its very broadest
2. What is your community? it may be one street, one side of a street or whatever

So far it is already apparent, as we expected from the literature review, that there is no one definition, no agreement about what a community 'is' and each informant constructs their definition of 'community' in their own way. The definitions are context dependant with informants switching continuously between different ones or using several simultaneously. One important difference has emerged from the observations made by Cohen (1985) about the nature of community for its members, which is that communities constructed by non-members do not always incorporate an idea of sharing.

4.3.3 Community : common usage

In discussions about the meaning of community authors (e.g Plant 1974; Cohen 1985) frequently draw on Wittgenstein's assertion that students of the meanings of a word should concentrate not on its definition but on its use. For the second layer we will consider the use of 'community' as it reveals much about the way in which my informants understand the word on their daily lives and the manner in which they construct the notion of 'community' with which they work.

One use of the word 'community' is to refer in a tautological manner to groups and people identified through the use of the word. So 'the people who 'community workers' work with' are a 'community' because people called 'community workers' work with them, likewise people who attend a 'community group' or use a 'community centre'. One community worker worked with "the churches" in a Borough, so "the churches" were for that individual 'the community'. For an employee of a Somali women's group "Somali women" were 'the community'. For a voluntary organisation providing a service such as a day centre, 'the community' may be "users" or "consumers". If the organisation is based around use of health services, for example MIND and mental health service users, then 'the community' may be "people who receive services or even social services". For a community development worker employed in a locality it is "local people". What these very diverse groupings have in common is that they are all constructed around a point of reference which is the community worker or association. The 'members' are distinguishable from other people by virtue of their connection with this point, if they perceive themselves as a 'community' that would be coincidental rather than an essential idea in the definition.

In a similar manner, Health Promotion Officers may make themselves a point of reference through their desire to work with 'the community', sometimes but not necessarily in community development. In such cases whoever they attempt to work with becomes the 'community'. As one observed "I suppose its whoever you are aiming to work with at that time". Another informant was talking about a local study of the views of local people on priorities for purchasing health care. The respondents had not considered mental health a priority; the informant indicated that if she wanted to work on mental health services she could just alter her definition of 'community', by implication to find a group for which it was a priority:

> If we really were wanting to do something within mental health services... we would probably want to define our community in a different way

Another Health Promotion Officer said she only understood 'community' in terms of her daily work. She constructed "programmes" according to her perception of shared 'need' and then defined 'community' as the target group for that programme:

> I see the community as being different as to which programmes we are working on. I don't think there is such a thing as the community, it's people out there relating to our programmes. For older people it's going to be very different from mothers...I don't see 'a community' as such *(her emphasis)*

Other examples of 'community' being used to refer to people who are perceived to be priority groups for work were given by several health promotion officers and community workers who used the word with reference to subsets of the population within the geographical boundaries in which they worked, which they identified as people who were "deprived". For example "working class people"; people who share needs arising from having to exist on a pittance; "people who haven't been empowered so far"; "people who actually feel nobody has been listening and nobody really understands". These should not be regarded merely as attempts to assert that poverty and social deprivation are important parts of the idea of 'community', but rather as attempts to differentiate these groups which are priority groups for professionals from their opposites.

Another use of 'community' is to express a relational notion of 'not' something else, but incorporating an implicit notion of a bounded geographical area. For example in the common discourse of the National Health Service, 'community' is used to contrast hospital with 'non-hospital', for example in "community nurses" or "community services". The word is also used to mean 'non-statutory', as for example in the phrase "the statutory sector and the community", or 'non-health sector' as in Community Health Council. One Health Promotion Officer was familiar with its use as 'non-health professional'. She complained of finding the different definitions of 'community' confusing:

> The community which we work with most directly are health professionals, but if we talk about community we tend to talk about people who are not health professionals, but the general population, although those people are still members of the general

community, which is what is confusing

In common usage 'community' also refers to people at an elementary and unorganised level within an implicit but unstated geographical boundary, again in a similar way to the first approach of the formal definitions. So informants refer to "the public at large", "the general population", "the mass population", "people" and "the grassroots" as informal definitions of community. It is also used in local government to refer to the local electorate. Sometimes 'community' is used in a relational manner to convey the idea that 'the community' is different from the voluntary sector and local organisations, i.e the unorganised population. One informant suggested that "the community" was people who share health needs "other than those put forward to the Health Authority by the people from the voluntary sector with whom it usually works" or "people who carry on their lives and don't see themselves involved in community participation".

The diversity of the symbols used in the construction of 'community' in common usage is such that it suggests that there is no way of constructing a definition which would be considered 'wrong'. It is not surprising therefore that not once did an informant identify a 'wrong' definition of 'community'. On two occasions informants appeared to be saying this, but closer inspection of the transcripts revealed that they were trying to make a different point. Once was when an informant, in a discussion about the problems of working with 'the community', tried to make a point about the context-dependent nature of 'community'. The second occasion was in reference to the voluntary sector and voluntary sector employees; in both cases the informants were distinguishing

between 'the whole' community and 'parts' of the 'community':

> I think actually there are very few contexts when the community as a whole...is the right definition of the community

> There is a vast community out there that doesn't access the voluntary sector in any organised way and therefore I don't think the voluntary sector can claim to be the community, although it's an important part of it

In view of the fact informants appeared to have no notion of a 'wrong' definition, it is not surprising that there is complete freedom to construct and deconstruct definitions. No matter how contrived and complicated the end result may appear to be there is not a stage, save unity or infinity, beyond which something ceases to be a 'community'. An example of this was provided by another Health Promotion Officer who described how she did this when attempting to allocate the use of her time in a systematic way to work with different "Black and minority ethnic communities". She found in her town that there were a large number of "communities" differentiated by ethnicity, too many to suit her chosen approach to prioritisation. To solve the problem she decided to construct notional 'communities' by aggregating the ethnic groups. The result was the construction of 'communities' some of which were based on shared ethnicity[1], some on country of origin, others on geographical region of origin. Self-identification of community membership was again not an essential

[1] Ethnicity here is taken to mean the political assertion of cultural difference (Cohen 1985 p.104)

criterion:

> We had the Afro-Caribbean community, was seen as one community; we had a lot of discussion around looking at various African communities...for example whether we should look at East African communities, or whether we should look at for example, the Ugandan community as separate from the Kenyan community...So we had the East African community, the Horn of Africa communities (Somali, Eritrean, Tigrean), West African communities, there's also a whole range of different South Asian communities...and again we put them for the purposes under one community which would include Indian, Pakistan, Vietnamese and Chinese and then Turkish-speaking communities...Greek community, Jewish community, I think that's all

In a similar way 'communities' can be deconstructed into sub-sections of the primary community, again without ceasing to be a 'community'. An example of this was given by a community worker:

> Age Concern I think will only be able to give the view of the white heterosexual elderly community as such. They will not be able to give you the needs of any other elderly community, and it needn't necessarily be Black and minority ethnic communities, you know, but elderly lesbians, elderly gays

Informants were aware that they constructed 'community' in many different

ways simultaneously and made sense of the tensions and contradictions which might otherwise have arisen in terms of a folk model[2] of "a lot of communities within the community". The following extracts illustrate this:

> It is one community but within that there are small microcosms... probably one community which has got lots of bits within that community

> Newtown is a community and there are various communities

> When we make these statements about community we are talking then about a lot of different communities

> I guess there are a lot of communities within the community

Another version is a notion of the "whole" or 'the' community which is made up of "parts", "bits", "fragments" or "sections":

> It depends what you are looking at as to how you select the bit of the community you are talking to

> Mrs Bloggs...was really only connecting particular fragments,

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[2] "Folk model", "cultural model" and "collective representation" are part of a vocabulary and conceptual apparatus which I draw on and use to facilitate my analysis. Their meanings and use are contested in a substantial and complex body of anthropological literature, which it is not possible or appropriate for me to review or contribute to in this thesis. I have provided some further explanations in footnotes where I draw on these concepts.

sections of the community

> They are in touch with...very specific parts of each community...that doesn't represent all of that community...that's one very specific part of that community

Another informant likened getting a 'community' view to a Seurat painting:

> What you have to do is to get as many views as possible and produce a picture. Its almost Seurat - all those little points together produce a picture but none of them by themselves was the whole picture

The study of community in common usage reveals that the diversity of characteristics employed to construct the notions of 'community' is so great that it is impossible to identify common strands and themes. In all 28 different types of definition of 'community' were identified in the transcripts, these are listed in Appendix 7. In contrast with 'community' as defined by its members, most of these definitions were relational only, so informants are not constrained by the need to consider whether the envisaged 'members' would have perceptions of sharing. This appearance of complete definitional freedom is further supported by the observations that informants did not have a notion of a 'wrong' definition of 'community' and that 'communities' could be constructed and deconstructed without apparently reaching a stage at which they cease to be a 'community'. Taken together this evidence suggests that non-members have complete freedom in their construction of 'community', although in practice the

constructions of people like my informants are shaped by their employment.

This complete definitional freedom suggests that 'community' could be just a collective noun, synonymous with 'people', which is usually employed to denote a sub-set of the population. Alternatively there could be a deeper layer of meaning which is more important than this superficial layer - another turtle. If the symbols from which these definitions are constructed were objective manifestations of 'community', rather than reflecting the 'meaning' of community, it would be entirely congruent with the symbolic construction of community described by Cohen (1985). Community members and non-members would then be seen to construct 'community' from symbols[3] in the same manner. These symbols are then imbued with a deeper layer of meaning. One would anticipate that the meanings given to 'community' by members and non-members would differ. For Cohen (1985 p.98) in his essay on the meaning for members, community and culture are indistinguishable indeed he offers a definition of culture as "the community as experienced by its members". For non-members the meaning would be expected to be different because the notion of sharing or belonging is not an integral part of their construction, indeed as we have seen it is more often missing from them.

4.3.4 Community : personified in collective representation

The nature of the next layer of meaning is revealed through the study of the metaphors and imagery which is used by informants when talking about

[3] The 'communities' are seen to be constructed from symbols to the extent that they exist only in the minds of those who construct them, the symbolic boundaries are the repositories of 'community meaning'.

'community'. One of the central metaphors used in discourse of 'community' is the notion of community "spirit" or "sense" of community. This is used to refer to a notion of an intangible extra which transforms or gels a group of people into a 'community'. The idea of 'community' having a "spirit" as an essential determinate in distinguishing 'community' from 'non-community' is analogous to the Christian belief in the notion of "soul" which essentially distinguishes human beings from animals. So in the next extracts informants decide whether or not something is a 'community' according to whether there is a "spirit" or "sense of community". In the first an informant ponders whether local prostitutes and drug users were a 'community' and decides they were not because there is no "spirit". In the second the reference is to local authority neighbourhoods. In the third, the informant describes it as something that "knits" people together, although without naming it:

> I'm not sure they form a community at all... There isn't a community spirit

> They are really an amalgam of wards. To me they are more of an administrative boundary than having any sense of community

> You need something there as well. I don't think just people living in an area necessarily knits them

The notion of "spirit" can be interpreted in this way as an attempt to personify 'community'. Informants use metaphors of personification throughout their discourse on 'community'. Thus they discuss "speaking to" the community,

"meeting with" the community and even, of the community as an employer or master, as in "the community they work for" and "serving" the community.

'Community' is regarded as an intelligent being, like a human. Informants speak of its "expertise", its "views", its "wants", "needs" and its "voice". People can try to "persuade" the community or "enable" it. For some the 'community' may be threatening; informants warn against letting it "take over" as it has its own "agenda". The community has "resources", can receive money "shelled out" to it by the Council and can "spend" it as it "thinks best". The community has "interests" and can "identify" a spokesperson or "leader" to "represent" these or "speak for" it, indeed such a person might even be "nominated" by it. The community has the right to be "consulted", so it can "decide" on matters, and hold opinions for example on how it "felt it should interact" with the Council.

This common use of metaphor can be seen as an attempt by my informants to collectively represent[4] community as having the qualities and competence of a living person. 'Community' is thus regarded as having a transcendent reality which cannot be reduced to the sum of its constituent members. The representation of 'community' in this way is not to suggest that informants possessed a rigid mental template, reproduced identically in the minds of each, but rather a shared pattern of thought, a product of socialisation in a shared culture.

[4] Emile Durkheim, used the phrase *"conscience collective"* or 'collective representation' to refer to socially generated beliefs and concepts which are shared. His theory was that different social structures 'generate' distinctive patterns of belief. Collective representations are a product of specific social conditions rather than being ultimately 'true' or 'false' (Lewis 1985 p.50).

4.3.5 "Sense of community"

The identification of this collective representation of 'community' with its central features of community "spirit" and "sense" sets up the next line of inquiry which is to uncover what is meant by "sense of community". Several informants described circumstances which would be like a community or in which a community might be or had been found. Some related their concept of "community spirit" to an idealised and idolised Tönniesesque notion of 'the village'. This is illustrated by the following extract from the interview with a community development worker, working for a local authority, who talks of a notional 'village':

> There are so many things in the community whereby you feel that you genuinely can have an involvement with. Its not unique by any means, its what the village always did. There was always people in the village who helped out. If someone was ill there was always someone who would sit with the poorly person while someone else went to work, there was always a lady who didn't go to work who could be relied on to do some cooking, there was a village community that helped each other out...Unfortunately we have got a wee bit away from that. People in some instances are becoming so isolated, feel they have got to cope completely on their own...It might be there that you can build up a little neighbourliness, friendship or whatever

Other informants gave examples of situations which would be 'like a community', for example if you had lived in an area a "long time and may be

even growing up there" or an area where there were "a lot of people and families who have been there for generations and generations". Another place which would be a community would be "somewhere that's got history to it and was perhaps a centre of a small locality at one time and is called something that people identify". Two informants spoke of the 'community' they perceived or had perceived in Newtown. One used the metaphor of pioneers to portray her perceptions of what life was like in the early days of the town, to which both attributed the sense of community in the town. This metaphor projects an image of the Wild West; shared adversity coexisting with great opportunities, a "new beginning":

> Because of the history of [Newtown] it is a very defined community...Because it is a new town, people who came here originally came from Hackney and Islington and came here very much to make a new beginning..

> I have noticed that people aren't as community spirited as they were with the first group of people who were like pioneers coming to the town

Another conjured the same ideas when describing the locality where she worked as a "family area". Her description is resonant of Young and Willmott's (1957) description of community in Bethnal Green:

> C... was always very much a place where grandma lived here, mum lived here and daughter lived here, that's changing around

here, but I think just that mile up the road, that's different that's still a family area. You'll get elderly people living alone but often their sons and daughters are just down the road

All these situations described as 'like a community' or which would engender a 'sense of community' are environments which would generate, or in which would be found, a sense of belonging amongst those living there. They are all circumstances in which a shared culture would be created. Remembering that my informants are non-members, folk terms "community spirit" and "community sense" could be interpreted as attempts by non-members to try and capture the experience of shared culture which, according to Cohen (1985), is the 'meaning' which members give to community. What follows from this is that the 'community' which is collectively represented is a 'living' community of interacting people, it is an attempt by non-members to represent 'community' as it is experienced by its members. In some cases this was done explicitly as statements were prefaced by "I suspect the people who say: 'That's where my community is based'.." or "people who don't see themselves...". This is a major divergence from the more superficial layers of meaning of 'community' in which we infrequently found attempts to incorporate a sense of the experience and perceptions of 'members'.

This process of uncovering different layers of meaning has revealed a central contradiction or 'misconception' which permeates the construction of 'community' by non-members. The evidence presented in this chapter has shown that 'community' is constructed by non-members using a huge variety of symbols to demarcate the boundaries. The central idea which determines the

positioning of the boundaries is a relational one, separating one group of people from another. Simultaneous with this process, non-members have a collective representation of 'what a community is like' which has at its heart the notion of community "spirit". In this notion informants try to capture the sense of shared culture which Cohen (1985) identifies as the meaning of 'community' for its members. This then is the deeper meaning of 'community' which non-members impute to the 'community' that lies inside the boundaries which they have constructed. The central 'misconception' is that at its heart members and non-members give 'community' the same meaning, reflecting a shared experience of culture, but non-members do not construct the boundaries of their 'communities' in ways which would ensure the envisaged members do have a sense of sharing something in common.

CHAPTER FIVE

'COMMUNITY' AS IDEOLOGY

5.1 Introduction

In this chapter my informants' knowledge and work-a-day experiences of trying to implement injunctions to work with the 'community' are explored. In the first two sections I examine their experiences of attempting to operate with their constructions and the problems which arise when they are confronted by communities constructed by their members and briefly discuss how boundaries of 'communities' can be negotiated. In the third section I explore operational models of 'community' and suggest that these also reveal an implicit recognition that it is often not possible to operationalise 'communities' which non-members construct. In the fourth section I examine 'what the community is like' and reveal it to be perceived as characterised by conflict, differentials in access to power and a "voice" between groups and difficulties getting established groups interested in new questions. This fundamentally contradicts the personified 'community' which has shared needs and views and can be spoken to and asked to identify these. In the fifth section I suggest that there is considerable evidence that informants recognise that manner in which they collectively represent 'community' and the injunctions which they are expected to execute do not reflect the social reality or realities of 'community' as constructed by non-members. Despite this the basic notion of 'community' is not rejected. I conclude that these contradictions can be understood if 'community' is viewed as 'ideology'.

5.2 Boundaries for members and non-members: competing constructions

Informants who worked directly with the 'community' tested their constructions of 'community' in practice in the daily process of their employment against the notions of 'community' of those envisaged as community members. In this process they found that they were, at least initially, unable to impose their constructions on community members. An example of this is seen in the next two extracts which are from an interview with an informant who, as part of her job, was trying to stimulate 'community' involvement in health in an electoral ward:

> [the ward] is like a pear and the main road...goes through the middle so [the two parts] are separated geographically, which causes problems because it means that people in [one part] have to leave their environment and come to another estate. For some people its a walk of more than a mile...They see themselves as two very separate communities

> Residents [from the other estate] feel that they have to come here for their services. A lot of people don't. A lot of people who have moved into [that] estate have retained their links with their former health centre, and that does create difficulties in actually establishing community activity and involvement because people don't relate to their community health centre, but actually relate to somewhere else

In the first extract she identifies the "problem" which is that her envisaged

community members did not perceive themselves to belong to one 'community'. A manifestation of this problem, revealed in the second extract, is that the "community health centre" which she thought would be a natural focal point for activities around health in the "community" proved not to be because residents did not perceive themselves to be part of one 'community'. At the time of interview she was having great difficulties with this aspect of her work.

In another example a Health Promotion Officer was trying to breakdown the local "black and minority ethnic community" into communities based on her perceptions of shared lifestyle. She found that within the 'Ethiopian community' category which she wished to construct there were "separate" communities which asserted their difference:

> Like there's Eritreans and there's Ethiopians right...Now we have refugees...who are saying OK we are not from Ethiopia, we are Eritreans, they are different from Ethiopians. And the Tigreans are saying we are separate from the Ethiopians and the Eritreans

She expressed her frustration at not being able to work with them as one 'community': "I mean they eat the same foods and stuff, but their political stance and that is different". From her perspective they were "just creating serious problems".

Another example was given by an informant from Newtown who reported to me discussions which were taking place in the town about plans for decentralising local authority services and committees to neighbourhood level. In the next

extracts she reports her perceptions and interpretations of the opposition of some voluntary organisations to this:

> I was at a meeting last night where we were talking about the restructuring of the Council and how it would affect relationships with the voluntary sector and there were people there from the voluntary groups who were saying 'You know the trouble is we don't work at a neighbourhood level, we do work across the town and there are town-wide issues that the council does need to tackle'. The ultimate aim of the council to decentralise everything and have no central committees at all is quite dangerous and doesn't actually reflect the way people feel about [the town]

> Newtown is a very defined community, I think broadly speaking people feel Newtown is very definitely a community in the sense that people identify with Newtown and not with [the county], [the health district] or anything else. That's the big bad world out there

From the above extracts a folk model emerges of the "very defined" or "separate" community which is akin to a notion of communities constructed by their members already referred to. When informants found themselves in circumstances where the boundaries of "very defined" or "separate" communities competed with the boundaries constructed by non-members within which they were working or which they observed, they perceived that there were "problems". These "problems" were manifest in resistance by the notional

community members to the imposed boundaries. Although in theory non-members are free to construct communities using what ever symbols of boundary they wish to, in practice they have difficulty working with the 'communities' they construct if these boundaries conflict with the way in which the 'members'' own sense of similarity and difference.

These problems are further illustrated in the next extracts which speak for themselves:

> [The local authority] is made of five smallish towns and they don't feel a community of interest. [It] is an artificial construct as far as they are concerned as a Borough and so they don't feel a community of interest. There's no Voluntary Service Council there. They are trying to set one up and it's a struggle as they don't see a community of interest. They'll work with other groups in [one town] but they won't work further out

> [The neighbouring local authority] has tried to impose a locality structure on their borough, and...the story goes that in some localities you have got a very active and energetic local voice. In others you have total moribund silence because the bloody boundaries don't fit

> At one point we tried to offer a service only to the people in [the] Ward, that's what we are funded for, but...because he's a Bengali speaker, he sees clients from different parts not only of [the

> Borough] but also of London. Its quite hard for him, not only do you have to go to your nearest centre but him being a Bengali-speaking worker puts a lot of pressure on him from his own community

This evidence suggests that when non-members try to impose their constructions of 'community' boundaries on their notional 'members' they meet resistance if their boundaries do not coincide with those of the notional 'members'. In some cases, particularly when there is a "very defined" community within or dissected by these boundaries, the resistance is sufficient to prevent the non-members from working with their constructs. The 'communities' with which people like my informants work assert their right to determine their own boundaries, based not on who a non-member decides should share them but who they believe does share them.

5.3 Negotiating boundaries

I do not wish to suggest that boundaries are in some way cast in stone. They are mental constructs and as such are moveable. Cohen (1985) argued that people perceive themselves to be a community when they have a need to assert their 'sameness' and their difference from others. If people working with 'communities' wish for whatever reason for the boundaries to be constructed differently they have to appeal to these sentiments, as nationalist politicians know only too well.

One informant gave an account of a situation in which this appeared to have occurred. A small group of travellers had been living on an informal site in the

geographical area where she worked for several years when the Council received a planning application from some other residents to develop the site for housing. Their future on the site rested on the strength of local opposition to or support for the otherwise innocuous planning application. Some local people started a campaign against the travellers' eviction and I was told that the basis of the campaign was to meet with local residents and argue that the travellers' children attended local schools and youth groups and that therefore they were part of the community:

> I had a public meeting that some travellers came round and gave their side of the story how their children were more or less into local schools, and they were grateful to be able to, a lot of them talked about the youth group

Ultimately, I was told, the travellers got more letters of support from local people than the campaign against them. My informants said that this was because over the years they had lived there their children had gone to the local school, women to the toddlers' group, youth to the youth clubs and local residents had come to accept them. The terms in which boundaries can be moved are thus those which invoke the meaning of 'community' for members.

5.4 Operational models

Examination of operational models[1] of community reveals that when they

[1] Caws (1974 in Quinn and Holland 1987 p.5) identified a tripartite typology of cultural models. Representational models were identified as indigenous models of the world that people can more or less articulate. Explanatory models were those constructed by scientists. Operational models were indigenous models that guide behaviour in given situations and tend to be out of awareness. Although

operationalise their notions of community my informants attempt to capture a sense of 'community' as they envisage it might be understood by its members. It appears that they have a tacit understanding that there are limitations on the ability of non-members to operationalise their constructs of 'community'. Implicit in each of the next examples is the idea that the informants would be wanting to assess the health needs, find representatives from or consult the population of a district or borough. In each example the informants indicate that they would do this by breaking the population down into groups formed in different ways and using these as indicators of the whole population. In the first model a Health Promotion Officer talks hypothetically about working with the 'community' for the purposes of identifying health needs:

> Q. Which community groups do you work with? how do you choose community representatives to work with?
> A. I think it is very hard, because if groups are already established or there are people with prominent voices, in a way they may not be truly representative as they got there without you needing to get them there - if you see what I mean. If you are working towards the principles of empowerment, empowering people to come forward to voice their views, then really you are concentrating on people who haven't done it so far rather than those who have. The voluntary sector are very significant in terms

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cognitive anthropologists like Quinn and Holland (1987 p.6) argue that this classification overemphasises the extent to which cultural models translate into behaviour, I draw on this classification here because I wish to argue that my informants demonstrate in these circumstances an understanding of community which is shaped by their "awareness" of the social reality of operationalising the notion of 'community'.

of being more aware of what people's real needs are as they are dealing with people who are not getting anywhere with statutory services, and even then those people who are involved with those organisations are in some ways motivated already and have a voice, albeit not the strongest voice they would like. It is the people who do not belong to any of those groups who have just as valid a view and needs but are not wanting or not able to express them to anybody. The majority of people are not involved in voluntary or statutory organisations or community groups. The only way to get everybody is through a Census-type thing when everybody is contacted, and even then you will get responses from people who are interested. I don't know what the answer is. Maybe you need to target a particular group or area, for instance, if you were aware there was a problem with refugees you could go to a community group and say - who are your leaders? But in some ways that's an easier example as it's a small community although you will still get those people who speak out more than the others, and you are assuming they are representing the voice of others. With a mass population it is so much harder and you would have to have a group for everything really. I suppose you could target age-groups or gender-groups. People who work are relatively easier to get hold of, and they are still part of the community. For people who don't have that structure you have to think - where do they go? I suppose that's why GPs are quite useful. Asking them just what their health needs are. Quite a lot of people do go to their GP.

In this extract the informant thinks aloud as she considers how she would operationalise her notion of 'community' for the purposes of community health needs assessment. She indicates in the first instance that the group she is interested in is "people who have not [been empowered to come forward with their views] so far", a definition reflecting her perception of need for her services in health needs assessment rather than their perception of sharing. She then reflects further and observes that since she is interested in people who are not members of groups or organisations, the only way she will be able to uncover their health needs is with a survey, whose effectiveness she doubts. She then changes her construction of community to a "particular group or area", by implication communities as defined by their members. She gives the example of a refugee community group, "a small community". This would be "easier". In the final part of her answer she reveals that she believes that in order to get the views of "a mass population" "you would have to have a group for everything". She then suggests ways in which the population could be broken down into "groups" which are "easier to get hold of".

She appears to suggest that the 'communities' which she first constructs have a membership of individuals which contrasts with her subsequent constructions which she characterises as "groups". In apparently recognising a distinction between these two she reveals at least part of the reason why 'communities' are important for her and her work. She observes that if her notion of 'community' were based on individuals she would need "to get everybody". In other words one person could not speak for others. If her notion is based on "groups" she indicates that it is possible for some people to talk for others. She demonstrates this when she talks of working with "community leaders" and says "you are

assuming they are representing the voice of others". She also indicates that it is possible to ask GPs what their patients' health needs are. In this way she reveals part of the value that people like herself place on the notion of community, which is that it provides them with a 'group view' which obviates the need to work with everybody as individuals. 'Communities' are thus perceived as a resource-conserving short cut.

The second operational model appears very similar. It was revealed by another Health Promotion Officer who was also explaining hypothetically how she would go about identifying community representatives for a group looking at health needs assessment:

> Q. If you were asked to find community representatives for people to be on the group, how would you go about trying to find them? Who would you go for?
>
> A. First of all I would try to decide what they were looking specifically at, whether they were open, whether it was any kind of health needs they were looking at or whether it was a particular group or area of town. Define that first. Then I would go through the neighbourhood offices, go through the Voluntary Service Council, I could go out there in my car and just look at the notice boards to see what was going on, it's not actually that difficult. It's easy to start phoning round and make a few contacts, also you get to know quite a lot of people as well, but there are so many groups in this town there is so much set up and going that you could tap in quite easily

One difference between these two models is that the informant in the second one in identifying her "groups" is not seeking to construct them herself, but trying to understand how the population in that area perceives its own communities and groups. The third model was revealed by the secretary of the Voluntary Service Council, who indicates it to be one used by the local authority. She also starts by focusing on smaller sub-units, carving "the community" into localities. Within these she operationalises the "community" through the residents associations, which organisationally embody a notion of 'community' based on shared residence:

> Q. How would you go about a consultation process?
>
> A. I think what the local authority is trying to do is have forums where they actually meet with the community and discuss the issues. So they would get in touch with all the residents' associations presumably and ask people in a particular locality what their views are. They manage to do it fairly successfully in the Borough Planning Office, they have a very successful way of involving the community in open-evenings and going round and talking about planning decisions

Like the one before, this informant is also implicitly trying to work with a notion of how the community perceives its own boundaries, albeit a rather limited section of the population which is part of residents' associations. These models, in their slightly differing ways, all indicate that informants perceive that the 'communities' which they were originally trying to work within, constructed as the population within a large geographical area, cannot be operationalised as

such. The population within such an area has to be subdivided in various ways in order for it to be possible to work with it. There is an almost implicit recognition that the larger 'communities' which these informants construct are not in fact communities, in the sense that they do not contain the 'community meaning' of the collective representation, so to work with them it is necessary to seek the smaller communities contained within them. The reason why people should do this rather than perhaps rejecting the notion of 'community' is that informants perceive that there is a sharing of views within a community so that its 'representatives' or spokespersons can express the views and beliefs of others. In other words the value that people like my informants' place on the notion of 'community' is dependant on the 'communities' they construct containing the meaning of the collective representation. In the next section I want to examine my informants' understanding of the social reality of 'community' and to compare this with some of the central ideas contained in the collective representation of 'what a community is like'.

5.4 'What the community is like' : the 'community' as a health district

The evidence presented above suggests that a central part of the value placed by people like my informants on 'community' is a perception that within a community views and needs are shared. This is congruent with the injunctions which they receive, for example from the WHO, to work with 'the community' which are underpinned by metaphors of personification, which imply a substantial degree of, if not absolute, homogeneity. It appears that when my informants tried to implement these injunctions they found the nature of 'the community' to be quite unlike that implied by the personification. This is clearly signalled by the folk model of "communities within the community"

(p.109) which is a model of heterogeneity. In this section I want to examine further my informants' understanding of 'what a community is like' based on their daily experiences.

5.5.1 Heterogeneity

In contrast to the assumptions of sharing of needs and views, informants suggested that relationships between "communities" in the "community" are often characterised by antagonism and conflict. An example of this was given by a community worker who spoke of the "community" within an electoral ward. She identified several different 'groups' within the population, each identified through a different shared characteristic:

> I've heard a lot of racism in the area and given that there are a large number of minority ethnic groups in the area, then they can't feel part of the majority community which reacts in that way. There are complaints about different sectors of the community, like people with mental health problems being dumped in one or two streets in the area, that doesn't suggest that there is a whole community response to that particular group. Yet there are obviously lot of people and families who have been there for generations and generations and quite a lot of strong organisation in some sense. So I don't know. Its difficult to say, I guess there are a lot of communities within the community

Not only were there different "communities" but she dismissed the possibility of 'sharing' when she said that some did not "feel part of the majority

community". This antagonism and conflict are implied in her references to "racism" and "complaints". Another example was provided by an informant who had been working with a local residents' group in an electoral ward. The group was mobilising against local drug users and prostitutes, other 'groups' in the community:

> Once you begin to accept that there are drug users in the area it becomes entrenched in the area and as far as the local people are concerned they do not want drug users and prostitutes in the area in which they live...Do we accept that there are drug users and prostitutes there? They have been there for years and years and years...If you said to some of the other residents 'Well they are residents and they have got rights as well', then they would really be outraged. "They don't live here, they are not part of our community"

She talks of "outrage" at the suggestion that there could be sharing between drug users and other residents. As well as demonstrating the heterogeneous character of the communities, these extracts demonstrate that the heterogeneity can lead to tensions and even outright hostility. Not infrequently one of the "communities" or groups may be characterised as 'the problem' which is the focus of "community" mobilisation and action.

Other divisions which are found within a 'community' include those of gender. One Health Promotion Officer reported that she had to work separately with Muslim men and women and another expressed her views that the Bengali

community did very little for Bengali women. Heterogeneity may also manifest itself as political differences. An example of this was provided by a community worker when I asked her to comment on my observation that the local Somali community had various community centres with conflicting political alignments. When I asked the informant if this was a sign that the community was divided, she responded:

> A. I don't think as a community they are divided. What's divided is the politics of these associations. So the community itself is not divided it's the little pockets of mini-politicians with mini-powers, and this is me being very honest.
>
> Q. So it's the management committees fighting each other?
>
> A. Yes. It's your leaders...it's not the community

Although she emphatically rejected the suggestion that the community was divided this provides an example of political alignment as an axis of within-group variability. Differences in political alignment may themselves reflect differences in, for example, experiences, education and social class, which might manifest themselves in differences in values and priorities between people of different affiliations. What is important about the above discussion is not the revelation that a 'community' constructed from the boundaries of an electoral ward or even an ethnic group is heterogeneous, indeed it should not be presumed that even in isolated small rural areas there is homogeneity and equality, but the its implications for working with the 'community'. If, for example, people are engaged in assessing the health needs of the 'community', or working with the community to identify its own needs, the needs which are

presented might differ substantially from those emerging from a process which either engaged the 'community' in a different way or engaged a different part of the 'community'.

5.5.2 'Silent' groups

Not only did many of my informants believe that the community was heterogeneous, but they also perceived that there were a number of consequences of this heterogeneity which made approximation to homogeneity much less feasible. Several informants observed that different groups and people within the 'community' have widely differing opportunities to express their views. Informants continually referred to the need to seek out those who are less articulate or as one put it, not "shouting":

> You have to make a special effort to get through to those who aren't shouting and see what they have to say

> We prioritised things like if it's not an accessible community. We prioritised it because we want to try and get to those communities. So yes I think it's been realised that [only working with accessible communities] could be a danger. Not that it's a danger but it's a bit limiting. I mean it's still valuable work, but it's limiting

Sometimes these 'communities' which are not "accessible" or "shouting" can be very inconspicuous, making an assessment of even the main groups with the "community" difficult. In the next extract a community development worker speaks of how she had worked in a an electoral ward for two and a half years

before discovering in the Census that there was a Chinese community there:

> I actually asked...about the Chinese community because I have never ever come across [it]...I'm out quite a bit and I do come across the Bengali community and we've also got quite a lot of Afro-Caribbeans and I've always assumed that we had more of an Afro-Caribbean community than a Chinese, but apparently not, in fact the Chinese community is quite large

5.5.3 Specific shared interests

The injunctions based on metaphors of personification suggest that in order to discover a community's health needs you just need to talk to 'it'. Many of my informants believed that this could not be done, even when communities constructed by their members could be found. They perceived that some geographical areas or 'groups' often had worked on particular issues around which they have developed interest and "expertise", trying to work with them on other issues, for example exploring their health needs, could be much more difficult. The next two extracts illustrate this. In the second the informant talked of different areas of "expertise" in the groups active in different neighbourhoods in a Borough, expressing her perception that it is relatively more easy to work with some groups on some issues than on others:

> If you go to a group that does English classes for example, it doesn't mean they don't have health needs, but simply means may be they aren't discussing it...so going to them would be going in cold, you have to warm them up

> At the P Centre...because of the work that has gone on there over a number of years on health issues I think has raised the awareness of local people generally, and yes you can get a goodly number of people out...If you tried that in [another neighbourhood], I don't know if they would come out on health issues, but if you whisper 'we want to build a new hospital...' they turn out in their hundreds and they say 'right let's see the plans then', because there is so much planning expertise there it isn't true...It depends where the expertise of the community has been built up

The latter extract also reveals that the informant attributes the high level of local activity to the perceived need to respond to the threat presented by the proposal to built a teaching hospital in their neighbourhood. Many informants believed that communities were often formed by their members when they perceived a common threat, their notion of sharing may not extend to other issues and may not persist once that threat has passed. Another community worker also believed that "people get involved" in response to some form of need or threat:

> People get involved in a group because they see a particular need and that's their particular field of interest. They don't necessarily want to get involved any more widely than that and don't necessarily recognise a 'community of interest' where outsiders might think that it does exist...Most people in the voluntary sector are interested in their particular group and what their particular group does and that's what they devote their energies to, they

only have limited time to get involved in wider issues and the wider issues they get involved with are the ones that directly impinge on their group

One of the implications of this for anyone trying to generate interest in community involvement in health is that communities formed around one issue or characteristic may not share needs or interests in other areas and may not be very interested in getting involved in other issues either as a group or individually. The next three extracts which are all from an interview with one community worker illustrate these points. In the first she talks of her perception of the difficulties generating local interest in Health For All. In the second extract she gives another example of the same problem. She revealed that she had called some meetings to discuss the reduction of Council grants to the voluntary sector with the aim of writing a position paper on this subject. She describes how she found it very difficult to get organisations to look beyond their own needs. In the third extract, a community worker describes a meeting she organised at which the Chief Executive of the Council was to talk about the implications of recent managerial changes for the voluntary sector:

The trouble with initiatives like Health For All is that it is a bit 'airy fairy'. If you are fighting to make sure there is transport for Mr Jones and Mrs Bloggs to get to their chiropody appointments, that's your focus, your world. "Health For All - well does it mean that Mrs Bloggs will get to her chiropody appointment?" is the only question they want to know the answer to. And you are saying, "Well it's a bit wider than that", they say "that's other

people's concern, not my concern"

> I've been wanting to get ideas from groups about this and it's been extraordinarily difficult to get some of them to lift their eyes from their own immediate needs to the broader issues and principles. OK that's fair enough, but it has been quite salutary to understand just how 'single-minded' people can be in terms of their own interests

> Ten people turned up. Some of those people turned up thinking the thing was all about funding which it wasn't and told me afterwards 'What was that all about? We thought it was a meeting about funding'...At the moment people are pretty preoccupied with pure survival and questions like how are the voluntary groups going to get involved in policy decision-making in the Council in the next two years are very hard to concentrate on if you think you won't exist in six months time

Another informant expressed her perception that the need to form a 'community' when under threat can often bring together people who in other circumstances, she implies, would have little in common:

> People who come together over a common issue or come together over a common deprivation, like minority ethnic groups who...if they were not living in London they may not be a community, but they are a community because they are forced together by some

deprivation that they are experiencing

This may also mean that they share certain things in common relating to the threat which united them but they may not share other things. This notion that people only perceive themselves as a 'community' when they need to express their 'sameness' and their difference from others also explains why some informants believe that people can 'choose' whether or not to be members of a 'community' and that many do not perceive themselves as members or do not wish to be. As one informant said:

> I think there are lots of times when people want to belong to communities, for different reasons, and other times when they don't. And people may never want to belong to anything

In this section I have examined the notion of 'communities' sharing needs and views, a central part of the collective representation of 'what a community is like' and an important part of the value placed on working with 'communities'. I have argued that when informants draw on their workaday knowledge of "the community" they understand it to be intensely heterogeneous, often with tensions and conflict between different parts. Not only does this heterogeneity result in members not in fact sharing views and needs, but it may also manifest itself in parts of the 'community' differing in their ability or desire to articulate their views. Informants believe that many 'communities' generate their sense of sharing from a response to particular threat or interest, and they may not share needs, beliefs and values in other aspects of their lives. I have therefore argued that the assumption of many of my informants that there will be a sense of

sharing of needs between those they envisage as members of the 'communities' which they construct is unfounded, indeed it is contradicted by their own workaday knowledge of 'communities'. This suggests that my informants are faced with the evidence of their own experience that an important part of the value bestowed on working with 'communities' is misplaced.

5.5 Extent of awareness

Many of my informants themselves perceived the problems which I have just described. This should perhaps not be surprising since I have drawn from and based my interpretation on their own accounts, their cultural knowledge. Many of them expressed these problems in terms of a general sense of frustration with people who they perceive to have a simplistic understanding of 'community'. For example a community worker told me of her experience at a Health For All conference which she had recently attended:

> An expression that kept coming up that fascinated me was this thing about community leaders, needing to identify community leaders. I have to say I was slightly cynical about this. I had to say, "What on earth is a community leader? Can you give me an example?" All they could talk about were Imans of mosques. In Newtown we don't have mosques

Another informant, a community worker, spoke of how she believed she had to be "wary" when she met people from the statutory sector because they jumped to all sorts of conclusions about her which she believed did not reflect either her relationship with the 'community' or the heterogeneous nature of Borough itself:

> I'm wary when I got into a meeting room that I have to tell people that I am simply here as a worker for the X Group and I need the X Group's view and that to a certain extent constitutes a larger community simply because of our members and I feel much more comfortable saying that. But when I go into certain groups and they see me "Ahhh we have an expert on black issues", I have to say, hang on a minute, I've come here as me the person, I'm no leader, and if you define me as a leader I'm not going to be comfortable. I can only give you my perspective of it, to a certain extent may be "our" experience but I wouldn't say that I am the person or I wouldn't say there is any one person who can say, "Yes we speak for the whole of [the Borough]", because you are never going to do that, you are never going to find that *(her emphasis)*

Other informants believed that "community development workers" had a simplistic model of their relationship with the community. In one district in particular, from which the next two extracts came, this was something which was raised repeatedly by interviewees. The second informant suggests that community workers believe themselves to be the embodiment of the community:

> I think that community development workers sometimes have a conception of what they are doing that I think is rather romantic and I think they sometimes have an exaggerated conception of how closely connected with the community they are

> They shouldn't try to pretend that they are the community and that they do represent the community, but they can be incredibly instrumental in facilitating, enabling, for a community view to be got together and channelled through to...sometimes I think they have an almost evangelical feeling that they are the community, and we need to go no further, I mean that's it, listen to them and we will know what the community is saying

Another informant expressed very similar beliefs about community development workers when she observed that one of them, Paulette, was "much more sophisticated" than the unidentified others:

> Some of the people that we are getting into community development work are just much more sophisticated, Paulette would never say 'I know the community and I can tell you what they think'. I mean I thought that was just so presumptuous and pretentious and if they really believed that about themselves they would be very ineffective workers. But...we are getting people who are better educated who are going into that who actually are much more aware of their own limits...they can do really much more valuable work

A few informants indicated that they believed 'community' had no meaning either because the word has lost it or because it has a 'real' meaning which remains elusive, as the following extracts illustrate:

> Its one of these global terms which catches everything isn't it
>
> Community is one of those words which is so misused as to be totally meaningless
>
> I'm going through a personal phase of questioning the whole basis of community anyway in my mind. I'm no nearer to knowing what a community is now than I was 10 years ago. I think I thought I knew and now I've gone back again, so I don't feel I know at all how most people understand their kind of social relationships...I haven't an answer to what a community is, you could write a thesis on it

These extracts suggest that people like my informants find themselves in the difficult position of trying to grapple on the one hand with the very powerful collective representation of 'community' in which the 'community' is based on a sense of sharing and is personified, along with implied homogeneity. On the other hand they know that the 'communities' they construct often do not contain a sense of sharing between members and that they frequently have to change the manner of these constructions in order to attempt to incorporate this notion. They recognise that their envisaged members are an intensely heterogeneous group of people and there may be conflict between people sharing different characteristics, or differences in visibility, and that very often communities formed for one purpose are reluctant to become involved in other areas of interest. They recognise that the collective representation inadequately reflects the social reality of 'community' as constructed by non-members, they express

their frustration with people who they perceive not to be sufficiently aware of these difficulties and are driven even to say that 'community' is meaningless. Despite this, they do not reject the basic notion of 'community'. The explanation for this, I would suggest is that 'community' as understood by non-members remains a powerful ideology.

5.6 'Community' as ideology

Clifford Geertz, in his article *"Ideology and a cultural system"* argues (1973 p.232) that the function of science with respect to ideologies is "first to understand them - what they are, how they work, what gives rise to them - and second to criticise them, to force them to come to terms with ...reality". He described "strain theory" as his preferred approach to the study of the social determinants of ideology. This is based on the idea of the "chronic malintegration of society" (1973 p.203) which manifests itself in tensions and contradictions at every level. He argues that "what is viewed collectively as structural inconsistency is felt individually as personal insecurity" (1973 p.204). Ideology, he observes, "is a patterned reaction to the patterned strains of a social role" (p.204). Geertz described ideology as "a response to strain" (cultural, social and psychological). He continued "it is a loss of orientation that most directly gives rise to ideological activity, an inability, for lack of a usable models, to comprehend the universe of civic rights and responsibilities in which one finds oneself located" (1973 p.219). The parallels with the origins of 'community' in eighteenth and nineteenth century thought which I presented in Chapter Two are manifest. The authors on which I draw indeed attributed the growth of interest in the notion of 'community' to the social tensions which were being created by the growth of capitalism and industrialisation. Many of

them saw a notion of 'community' as something to be revered and sought after or protected as an antidote to their personal insecurities about the degenerate urban masses. Although those who have contributed to much of the discourse of Health For All do not draw directly on the early philosophers and sociologists, indeed quite the contrary, some present their arguments for the importance of 'community' in much the same way. An example of this was given by Ashton et al (1986) when they wrote:

> *The familiar trends of growth and decay in cities have occurred in parallel with dramatic changes in traditional social structures - the decline of the three-generation family and the changing status of marriage, redefinition of relations between the sexes and many changes in personal and social expectations. Cities as the stages upon which life is lived out have come to reflect the growing tensions among those individuals and groups that make up their populations...There is a strong feeling that the crisis in cities throughout the world poses the possibility of real change at the present time*

Although the circumstances have changed somewhat in the last two centuries, the same tensions and insecurities persist, the same yearning for a sense of belonging and belief that the world would be a better place if people lived in communities. This is therefore the system of ideas on which the ideology of 'community' is based. Entailed within it are clear moral preferences for 'the community way of life' over alternatives. Bell and Newby (1971 p.21) captured this when they wrote:

The concept of community has been the concern of sociologists for more than two hundred years, yet a satisfactory definition of it in sociological terms appears as remote as ever. Most sociologists seem to have weighed in with their own idea of what a community consists of - and in this lies much of the confusion. For sociologists, no more than other individuals, have not always been immune to the emotive overtones that the word community consistently carries with it. Everyone - even sociologists - has wanted to live in a community

Geertz describes ideologies as "maps of problematic social reality and matrices for the creation of collective conscience" (1973 p.220). In this account I have identified two of the sets of ideas which together describe what an ideology 'is'. The collective representation (alternatively called 'collective conscience') of 'community' I described in Chapter Four, alongside my informants' beliefs about 'what a community is like'.

In this chapter (and the next), I have examined how the ideology works. I have demonstrated how it is used by people wishing to simplify the devolution of power from the statutory sector through seeking "views" and "needs" from the community so as to be able to generalise from the views of a few to the whole. I have explored the social reality of 'community' through the accounts of my informants of their experiences working with them and revealed the contradictions and tensions manifest within these which contrast with the inherent simplicity of the notion as 'ideology'.

Geertz argues that the study of ideologies has been itself "ideologised" through the incorporation of the idea that ideologies are automatically biased and false. He argues that this is not necessarily the case and that the claims made by ideologies should rather be dispassionately assessed. What I have attempted in the last two chapters is a dispassionate assessment of the claims made about the nature of 'community'. This suggests that these claims are indeed 'misconceived'. Such is the strength of the ideology and the desire of people like my informants to believe in the existence of 'community' of the ideology that they persist with the notion in the face of their own knowledge that what they understand as communities are quite different from those of the ideology.

CHAPTER SIX

OPERATIONALISING COMMUNITY: COMMUNITY REPRESENTATION

6.1 Introduction

This chapter provides an illustration of what happens when informants try to operationalise the ideology of 'community' through the case study of the notion of the 'community representative'. In the first part I consider how representatives are chosen, suggesting that this process is informed by a cultural model of a "good" representative, whose features are described. One consequence of utilising this model is that representatives are drawn almost exclusively from the voluntary sector. The second part of the chapter examines the 'voluntary sector' in more detail, revealing it to be a collective term for a very heterogeneous group of organisations. Representatives are commonly drawn from one small section of the voluntary sector. The third part examines the question: are the representatives "good"? It contains accounts the views of representatives on their role and the views of steering group members on community representation on the steering group. These accounts suggest that representatives themselves and those who work with them are invariably dissatisfied with their performance. The final part of the chapter considers some of the consequences of working with 'community representatives' who are not "representative".

6.2 Identifying "good" representatives

> Last year Jane rang me up and said that they were putting in a bid for Joint Finance for a Health For All Project and would I be interested in being on the Steering Group as the voluntary sector representative? I said 'Yes, but I don't think I can represent the whole voluntary sector. Who else is there going to be?' [She] said 'Well who else should there be, can you give us some suggestions?' Which I did, that was Corinne from the Voluntary Service Council, a representative from the Race Group, from the Health Forum and I can't remember who else. I probably threw in a few others for good measure. Jane then also thought of a few others herself, Doreen from the churches

In this extract a community worker, Margaret, relates to me an account of the process by which just a few months before, she had been invited by Jane the Health Promotion Officer to join a Health For All Steering Group. How did Jane choose Margaret and the other steering group members? Jane said:

> It was who we knew. Also there was a newly-formed Voluntary Service Council, they were good as they represented a variety of groups. Also Margaret is on the Community Health Council and MIND and so is a key person

Margaret said:

> When Jane first started...she had a list of people to see and I was one of them...I am a member of the Community Health Council and I sit on two Joint Care Planning Teams as well. Last year Jane rang me up and said...

And Doreen, how did she become a member?

> I've been in this job six months and in that time I've been trying to get about and let people know I'm here and really it came about as part of that process, mainly through the Voluntary Service Council I think. I had many meetings with them early on and they were involved in it and suggested it and so I phoned Jane up and so on. Really because I could say I represent all the churches in the Borough

6.2.1 Being "known"

In the collection of extracts above, different actors from the voluntary sector give their accounts of the process of identifying voluntary sector representation for one of the Health For All steering groups and their *(post hoc)* explanations of why they and others were selected. A number of common themes are identifiable in these explanations, which indicate that amongst this group of informants there is a shared cultural model of what a "good representative" for a steering group is like. A central feature of the model which emerges from these extracts is that a representative will be someone who is 'known'. Jane "knew" Margaret, Margaret suggested others who she knew. Doreen knew that when she started working in the district she had to become 'known' in order to

work effectively (and perhaps get invited to join groups such as this one) and so she contacted the Voluntary Service Council. When the opportunity arose she was able to reap the benefits of this when presumably they heard about the initiative, thought she would be interested or even "good" and suggested she contact Jane. Jane summarised the process of finding representatives when she said:

> It was personal and talking to other members of the group to see who they knew

Another informant characterised a very similar, piecemeal, process in a different district as "ad hoc":

> Its been fairly ad hoc, but its been me or others coming in with people who you knew would be good

6.2.2 Involvement in several groups

The informants in the first group of extracts all expressed their beliefs that people who are "good" are involved in some way with a number of groups. Both Margaret and Jane told us that Margaret was a member of several groups as a reason why she should have been chosen. Doreen told us she represented "all" the churches. All the organisations which Margaret suggested were "umbrella organisations", which is a category of voluntary sector organisations whose 'members' are other voluntary sector organisations; I will discuss these in more detail below. An understanding of why being able to represent several groups should be valued in a representative is revealed in part by the next

extract from an interview with another Health Promotion Officer:

> The difficulty...we have recognised in working with Health For All, is how do you have a dialogue with hundreds of organisations? They find it frustrating. We find it frustrating, and the Forum goes some way towards getting around that because it's creating a mechanism for having that dialogue... The reason I think [the steering group is] better now is mainly because we have got an umbrella organisation which acts as the main link between them. If we have got the person who is working there, the key person there, it can actually make that communication process much easier and [she] is pretty closely in touch with what's going on in the voluntary sector, which is good

She believed Health For All work required those involved to attempt "a dialogue" with "hundreds" of voluntary sector organisations. She characterised this need as a "difficulty" which is overcome by linking the organisations through an umbrella organisation and making the worker for this organisation, someone who is "pretty closely in touch" with the other organisations, a steering group member. The idea of 'community' comprising hundreds of organisations with which one has to communicated when working with "the community" is resonant of the folk model of "communities within the community" which I described in chapter four. In this case "the" overall community is formally defined as 'everybody' within the geographical boundaries of a Borough or health district. The informant suggested that she understood the organisations to be the "communities", rather than the organisational embodiment of different

communities, something which I will discuss further below.

The sheer numbers of 'communities' in the community precludes a direct relationship between them and the steering group. Potential tensions arising from this are circumvented by the informants in the extracts above when they imply that the participation of individuals who are involved with several groups, either as members or as workers for umbrella organisations, is more or less tantamount to the participation of these "hundreds" of organisations themselves. In this way it is possible for a relatively small number of such people on a steering group to represent many, if not all, of the "communities within the community".

6.2.3 Requirements for the role

The role of the representative constructed in this way is to 're-present' the views of others to the steering group members. Informants understood that this could be performed in a number of ways involving different relationships between the representative and the 'community'. These might be very formalised with mechanisms through which representatives are given a mandate or "remit". For example one informant believed councillors to have advantages over community groups because of their formal mandate. It may also involve electing representatives to committees and formal accountability procedures. These relationships are illustrated in the next three extracts:

> They tend to get pushed forward by those groups 'You know how the system works, you say this for us' and that was their sort of remit

> Organisations like Voluntary Service Council should be about good practice. About the fact that important decisions aren't just made by me, they go back to the management committee and are discussed and debated, because those people represent the community, or community groups or voluntary groups, they have been voted on

> I try to be as accountable as possible in letting people know what is coming up on the agenda, circulating a report after every meeting, when there's key issues coming up I would consult various people...just making sure that the voluntary sector's view point gets put across and that we aren't excluded from decisions where there is a voluntary sector point of view

Alternatively the relationship might be much less formalised, with the representative being either a spokesperson or "leader" who should be "in touch" with the community, or someone who is very knowledgeable. These types of relationship are illustrated in a cautionary manner the next extracts:

> Who represents whom? I am always very very wary of community leaders; a) I think will the community think that this person is their leader and b) are they in touch with their community

> I don't feel that as an organisation that we do actually represent user's views...We have a lot of work to do ourselves about that,

> either through surveys or questionnaires, or finding out from our members, members who attend or use our services... So I don't feel that I can actually be representative of the people until we have actually done that work

One of the features which emerges for this discussion is that representatives of this type are not expected to present their own views, but those of others. 'Good' representatives represent a notional "voluntary sector voice". In the first extract below, an informant explained why she believed the voluntary sector representation in her Steering Group had improved. In the second, a Voluntary Service Council secretary presented another, related, view when she suggested that this should also be "non-aligned" when she explained why she believed people like her make good representatives:

> I think the main reason why I think it's better is that I think people who attend now know why they are there and it's part of their job to be there, and they are there to represent the voluntary sector voice, if there is such a thing and not just to be there for their organisation

> [What] the Voluntary Service Council is looking at is smaller groups which don't see themselves as aligned or future groups which may wish to become involved...And perhaps taking a very broad view as a Voluntary Service Council is no more interested in the needs of older people than the needs of younger people, they are all of equal interest

A similar belief was expressed by another informant when she spoke of the undesirability of people who want to promote their individual opinions, whilst explaining to me how she would attempt to get community representation on a notional group and the characteristics she would look for:

> I would go to the Voluntary Service Council and talk to someone... and find out really...ask around I suppose for good ideas on whose view reflects the community and who has got personal axes to grind

She also introduced another notion in this extract in the idea of a person "whose view reflects the community". This suggests that the informant had an image of a "good" representative as a person who holds the 'typical' community "view", thus implying that such a person would have a different role on a steering group from that which I have just described. They would be expressing their own views, typical of the community view, as a 'specimen' of a community member rather than 're-presenting' the views of others. In the community there would have to be a coherent majority "view" which a person could be identified as sharing, if not absolute homogeneity. The next two extracts also reflect this idea:

> If groups are already established or there are people with prominent voices...they may not be truly representative as they got there without you needing to get them there...If you are working towards the principles of empowerment...then really you are concentrating on people who haven't done it so far

> Us community workers get everywhere and we are not really representative at all. We haven't existed on a pittance and we really don't know what its like

In the first, which I presented in full in the discussion of operational models in chapter five, the informant indicated that she regarded the "community" as "people who haven't [been empowered to come forward to view their views] so far", thus a "truly representative" person would have to 'need empowering'. In the second extract a community worker explained her belief that community workers were not "representative" as they have not "existed on a pittance"; by implication they were not examples of a community comprising people who shared needs as a result of having very low incomes. These are, in effect, informants revealing an appreciation of a distinction between the noun "a representative" and the verb phrase "to be representative"; which may also be regarded as a distinction between 'scientific' and 'political' discourse. Only a few informants used the verb in this way, possibly because most wanted to convey a rather more complex understanding of the nature of the 'community'.

6.2.4 Practical requirements

What I have tried to do so far is to reveal a cultural model which my informants shared of what a "good" representative is like. With the exception of the need to be 'known', the aspects of the model which I have thus far discussed all relate to the ability to 're-present' the views of a notional heterogeneous community to the steering group. These include being linked to several organisations, being "in touch", having a mandate, being generally knowledgable and expounding the views of others, and sharing the views of community

members as a result of being one. In addition to this there are more practical requirements of representatives on steering groups. The first of these was being "known". In addition, being a representative requires a certain ability to understand health and some of the World Health Organisation discourse and so not surprisingly this is also a requirement for participation on a steering group. In the next three extracts the informants reveal this and in so doing also express their beliefs that voluntary sector workers are for this reason more likely to be "good representatives":

> I think its quite easy to work with other workers because they know most of the issues and the language to use sometimes its a lot harder working with the local community

> Its also difficult because if you are talking about, say getting community representation on the Health For All steering group, its things like people work, (if they are lucky enough), you know, they haven't got time. It is quite difficult stuff to get your brain around. You have been at work all day and then you go to the Health For All steering group and it's not something that you work at all the time, it's not your work. Do you know what I mean? Then you would have to consult

> For the majority of people the Y Group is somewhere up in the stratosphere and is not particularly meaningful to their day to day activity and the majority of voluntary organisations are concerned with day to day activities, they are small organisations by and

large who are running a luncheon club, organising a day centre

In the third of these the informant also argued that people employed by umbrella organisations are more likely to be able to manage the task than people from smaller voluntary organisations. Representatives should also be easy for the statutory sector to contact and communicate with in a physical sense, which effectively means that "good" ones work from offices and are available during normal office hours. This was revealed in the next extract by a community worker who described how the voluntary sector had decided how it would be represented in developing the district's Community Care Plan. She first justified the decision which was taken by saying they chose "the four main groups" which would enable 'tapping' into the rest of the voluntary sector. She explained that others might have disagreed with this and indicated that an underlying reason was that they all had paid officers and offices:

> It is difficult to involve very separate and different organisations and not leave somebody out. In the Community Care Plan we opted to put in four main groups which would then tap you into the rest of the voluntary sector, hopefully, and that was the Health Forum, MIND, Voluntary Services Council and the Race Group. But lots of groups would probably argue with that and say "no, we should have been there", but we opted for those as they all had paid officers and offices so you didn't have to put in somebody's telephone number at home

It is implicit in the above discourse that a "good" representative would also be

literate and speak English well. These features were not identified by informants as important characteristics of steering group members, possibly because they go without saying. D'Andrade (in Quinn and Holland 1987 p.113) argues that quite commonly important parts of cultural models are considered as too "obvious" to be made explicit. They are nonetheless important and undoubtably form an implicit part of the model. A community worker who worked for an umbrella organisation linking black and minority ethnic groups explicitly identified these features as important in the representatives she worked with, possibly because in her work these were not characteristics which could be taken for granted. She also identified being "in day to day contact" as important, which is resonant of the notion of being "closely in touch" identified above:

> If you look at a woman called Jaima, she...runs the Somali women's group in the... Community Centre...She to me is a good example of a representative because a), which is good for us, she can communicate in English, she is literate in English, not to say that everybody else is illiterate, and b) she is very much in the day to day contact with the other women, who in a sense wouldn't be good representatives for us simply because we wouldn't be able to communicate with them. So it's for our own self-interest rather than theirs

I have tried to describe from the accounts of my informants a coherent model of a "good" representative (summarised in Appendix 8). I do not suggest that this is a rigid mental template, as I indicate from the discussion of the range of possible relationships between the community and the representative, it should

be considered more "a shared ordering of the world which relates to behaviour in complex ways", to borrow an expression from Quinn and Holland (1987 p.6). None of my informants articulated an explicit view of what a good representative would be like, nor demonstrated that they had such an organised understanding of it. This is in the nature of cultural models (D'Andrade in Quinn and Holland 1987 p.114).

6.2.5 The voluntary sector as the 'community'

It is apparent from the features of the model of community heterogeneity which relate to more practical aspects of being a representative that the only people who would fulfil these criteria are people within the voluntary sector who would usually but not necessarily be employed by organisations. This would not be the case if it were people who 'were representative' who were being sought as 'specimens'. For the purposes of seeking community representatives, the 'community' is therefore interpreted as being 'the voluntary sector'. As one informant observed:

> You really kind of see the voluntary sector as the vehicle for participation, whether consciously or overtly or not, that's pretty much the sum total of our attempts to participate

This informant suggests that is not an ideal situation. For some informants it was, however, a deliberate decision because they perceived the voluntary sector to have certain advantages over other interpretations of community. One informant, in an extract which was quoted earlier, indicated that it enabled her to find out what "everybody in thinking" more easily than working for example

with residents associations which may not represent all of the views locally:

> You have actually got drug abusers and prostitutes living in some of the hotels. So they are residents of the area, but if you said to some of the other residents "Well they are residents and they have rights as well" they would be outraged...So you need to tap into what everybody is thinking, which is much easier if you go through groups that are in existence that are actually working with prostitutes and drug abusers...So its easier if you are going to talk to lots of different sectors in the community to go through established bodies where they exist

Another indicated that in some situations it might be the only appropriate way to work with a 'community', although she also suggests that this would not be the case in all communities:

> Now in some communities it is appropriate to approach the community worker who people have identified as being their representative...I don't believe it would be very easy to access people in an appropriate way without working with the community worker in some communities

Many informants used the term 'voluntary sector' interchangeably with 'community'. For example in the first extract presented in this chapter the informant reports that she had been asked to be "the" voluntary sector representative on the steering group. This may also indicate that she recognised

that community representatives always came from the voluntary sector. The informant in the extract above who spoke of the voluntary sector as the "vehicle for participation" is quoted on p.155 as saying that her steering group had recently improved because there was now clarity about why particular community representatives attend because they are there to represent "the voluntary sector voice". She subsequently appeared to contradict herself by expressing her belief that there is a difference between the "community" and the "voluntary sector" when she said in the sentence which followed the extract above:

> I suppose there is a question about whether that's appropriate or whether there are other mechanisms that one can use which don't involve the voluntary sector as the kind of entrance to the community

Several other informants suggested that it was not a desirable situation. They perceived that 'community' in community participation was commonly interpreted as 'the voluntary sector within a particular geographical area', but expressed beliefs that it should not be. For example one informant from a local authority said:

> There is a vast community out there that doesn't access the voluntary sector in any organised way and therefore I don't think the voluntary sector can claim to be the community, although its an important part of it

A community worker similarly observed:

> I think its very easy for them to call on the voluntary sector and expect us, well they don't really expect us, I think they just assume that that is consulting with the community and that is wrong really, it is wrong

It appears from these extracts that my informants understood that the 'community' was usually interpreted as 'the voluntary sector' for the purposes of community representation. In some cases this is a deliberate decision, made because the person believes that it is a better interpretation of community than available alternatives. In other cases it appears to be a subconscious assumption that the two are interchangeable, one which was even at times made by people who assert that the voluntary sector is not the same as "the community" or by others who regarded it as undesirable. This discourse suggests that the practical barriers to participation are insurmountable for people who do not have the practical attributes of the "good representative" so that these assume a transcendence over all other considerations, including the extent to which the resulting interpretation of the notion of 'community' differs from informants understanding of what the 'community' is.

It follows from this that for voluntary sector organisations that wish to participate with the statutory sector having funding and a worker is an essential prerequisite. It is not surprising therefore that a particularly high premium is placed in the voluntary sector on having a full time worker. This is evidenced by the way in which informants speak of such people. For example a

community worker in the next extract talks of several other community workers who were 'inappropriately' involved in a particular organisation being able to "back off" when they appointed a worker:

> We were all very conscious of wanting to back off but it only became possible, a reality, when the full time worker was appointed

Another informant indicated that having a worker made a particular group 'independent' of another group (which had workers):

> The Women's group has its own worker so that's moved away from being dependent on us, so there's between 6 and 12 people out there in the community more or less full time, on what can loosely be described as community development with a strong health remit

This extract was part of a response to a question about "health community organisations"; when the informant counted them she only mentioned those with full time workers, thus implying that she perceived these as the only notable ones. In another illustration, a community worker indicated that full time workers were important in order for the organisation to be able to "function":

> At the Centre, I don't know quite how they function now as they lost their person with a specific remit, a full time remit on health

I have revealed in this section a cultural model of the "good" representative which is employed in selecting community representatives e.g for Health For all steering groups. I have demonstrated that it involves both practical attributes and democratic ones, but that the former present the greater constraints on the process of identifying community representatives. Because of this, I suggest, community representatives in this study were drawn from the voluntary sector and at times the term 'voluntary sector' was used interchangeably with 'community'. In the next section I want to describe how those who work closely with and in the voluntary sector understand it and consider what difference between organisations means for people working with the voluntary sector.

6.3 Models of voluntary sector diversity

Some informants used metaphors of personification when speaking of the voluntary sector, for example "the voluntary sector voice", which are resonant of the use of metaphor when talking about the 'community'. As regards the voluntary sector, this also suggests considerable homogeneity. This reveals another contradiction since the model of the "good" representative from which the idea of the voluntary sector as the 'community' arises is one which reflects an idea of 'community' heterogeneity. Several informants revealed an awareness of tensions produced by this contradiction when they expressed the belief that the voluntary sector was perceived by notional others to be homogeneous, whilst observing that they understood it to be otherwise. The informant in the next extract provided an illustration of this:

> The problem with this expression voluntary sector...[is] the words

> voluntary sector tend to give the impression that there is some kind of unity or uniformity, that it is "an entity" , whereas of course it is not, it's a collective term for a wide range of voluntary groups

There was not one model of voluntary sector diversity to which all informants subscribed. Instead they understood the difference between organisations in different ways. Some informants had a model of the voluntary sector in which it was divided into categories according to their areas of interest or the 'community' with which the groups worked, reflecting the folk model of "communities within the community". An example of this is given in the next extract where the informant identifies four different categories of organisation, the first of which she had earlier referred to as a "single interest" organisation:

> So there is a bereavement support group, so they will be seeing their community as people who are bereaved. I was working predominantly with older people...You get special community groups that are particularly culturally specific and so you have got Caribbean groups and Asian groups... You get geographically based groups, so you get tenants associations

Another informant indicated that she also shared a model of the voluntary sector divided into categories based on the area of interest or "community" of organisations when she described why she perceived their steering group to now be "better" by saying:

> And...we have got somebody representing black and minority ethnic groups, which I think was a long standing gap

This model appears to co-exist in the minds of some people with the next model, that I describe, in a manner which is complementary rather than competing. The second model is one of difference between the nature of organisations. The two informants who I have quoted in order to illustrate the first model also indicated that they perceived differences in nature between organisations in the voluntary sector. For example on some occasions the second informant used the phrase "umbrella organisation", but on another, speaking of the fragility of some organisations in the voluntary sector, said:

> If you are trying to work with communities that are coming together for reasons other than residence then there are always changes they are always disappearing, they are quite fluid

The second model divided the voluntary sector into categories according to the nature of the organisations. One community worker described a wide range of characteristics which she perceived as representing differences between organisations in the voluntary sector:

> Voluntary organisation is regarded as synonymous with user and carer and that isn't always the case. Some voluntary organisations have very strong roots in the community and some have become a little removed because of time and the way in which they were set up many years ago...There are other big voluntary

> organisations involved in the steering committee as well as the Voluntary Service Council, there is ...[she names two], both of which have a fairly large overview of voluntary organisations with specific interests, whereas what the Voluntary Service Council is looking at is smaller groups which don't see themselves as aligned

The first characteristic is 'synonymity with user and carer': some organisations are synonymous and others are not. The second relates to whether or not they have "strong roots" in the community. Organisations also differ in size, some are "big" and others "smaller". The final characteristic she identifies concerns their "interests", some have "specific interests", for example mental health and the elderly, others are not "aligned". Later on in the interview she identified another characteristic, whether or not the organisation had "broad" or "narrow" "perspective" or "vision":

> Voluntary organisations often have... some kind of national or broader perspective than perhaps community organisations have. For example, if you have a group of people on a local estate who get together to make that a better environment, say, then their vision is probably a fairly narrow one, it is about making it a safer place for children to play or for older people to go out at night or what have you. But voluntary organisations often have a national body such as the Asthma Association will have a [local] branch, carers, all those groups and therefore they have broader principles that have been debated much more broadly and at a national level whereas a community organisation can be quite a

lot narrower in their perspective.

In this extract she also reveals that she understands there to be two different categories of organisation, distinguishing between "voluntary organisations" and "community organisations". She uses dimensions of the metaphor of "perspective" to do so, indicating that for her this is the most important meaning of the difference. She describes the relationship between the two categories as follows:

> In the sense that a community organisation tends to exist because of voluntary activity and in the sense that there is no statute saying that it should exist, then they are all voluntary organisations, but I think there can be a difference...But both of them are about people volunteering their efforts in some way to change or enhance the community in a way that they see as appropriate.

This account of difference and similarity between voluntary sector organisations raises the question of what such a difference means. This informant implies that the most important difference lies in the "perspective" of the organisation but does not explain what she perceives to be the implications of this. Another informant also understood there to be two categories, the "voluntary sector" and "community groups":

> Q. Just listening to the words you use, do you see a difference between the voluntary and community groups?

A. Yes very much. I think I'm beginning to see it more and more...it's becoming more and more obvious...that to me the voluntary sector is funded, its fairly large I suppose, it has a paid worker and is very much part of the network of the voluntary sector in [the Borough]. I don't know whether you have heard there is something called [the Voluntary Service Council] which is a sort of umbrella group of the voluntary sector groups, so to me it would be groups that are very much part of that network. I think what you are seeing more and more particularly in some of the African communities and some of the Kurdish communities, you are having more and more smaller unfunded groups, that are very much there as support groups. They may be working in people's homes, much more informal and not funded and that's what I'd see as community groups I suppose.

In describing the categories the informant in the extract above uses some of the same characteristics as the previous informant, but in a slightly different way. She identifies size and funding as central characteristics in distinguishing between the categories and introduces a new characteristic, whether or not organisations are part of the "network" of the local Voluntary Service Council. She gives an indication of what having a characteristic like funding means in practice for an organisation when she reveals that funded organisations would have a paid worker and would not have to be run from someone's home. Both these attributes were identified in the earlier part of the chapter as features of the cultural model of the "good representative". The implication of this is that the distinction that this informant makes between "the voluntary sector" and

"community groups" would also be one between organisations which would be "good" to have as representative on a Health For All steering group and the latter category, which would not be.

Another informant identified two similar categories which she classified as "super voluntary sector organisations" and "all the rest":

> You are getting the super voluntary sector organisations and then all the rest. You are getting the MINDs, the Age Concern and some of the larger ones which are perfectly capable of arguing their own corner, have got access to policy makers, have got large budgets, or relatively large (we have a turnover of £500,000, employ 22 staff) and the general drift of the government in particular is to encourage a wider spread of providers...so the local authority is increasingly looking to some of these large providers in the voluntary sector to take on some of their services and we are better equipped to deal with contracting, to deal with negotiations, we are already at the table as it were around Joint Planning, so it is causing problems as it were in terms of smaller organisations who are the bedrock of the voluntary sector. Quite a number of them are from black and ethnic minority organisations, smaller, more locality based, more in touch with grassroots, so I am very reluctant to see [the organisation] become too big and be like a mini-social services department because then that is becoming a mini-social services department and that is not the voluntary sector

She characterises the "super voluntary sector organisations" as not only being funded but having considerable financial resources. She reveals a further dimension of the meaning of being one of these organisations when she describes how they have political skills and opportunities, are able to "argue their own corner" and have access to "policy makers", and organisational skills, dealing with "contracting" and "negotiations". She also identifies advantages in access to local funding as they are "at the table" around Joint Planning[1]. She draws on similar characteristics to the first informant when distinguishing these from "all the rest", notably size, being "in touch with grassroots" and "locality based", this latter characteristic being used in a way which is analogous to the earlier cited "narrow vision".

Other informants identified a separate category of organisation within the voluntary sector, referred to briefly on p.152, which they called "umbrella" organisations. The organisations which were identified as "umbrella" included the Voluntary Service Councils, Age Concern, and one district had a community Health Forum. This category was distinguished, not by their size and funding, although these may also have differed from some other organisations, but by their role. Informants perceive this as being both to support other organisations, what one informant described them as being "second tier", and to help their target group interface with the statutory sector. One informant from Age

[1] This is a reference to one of the committees in a Borough which has a statutory responsibility to making recommendations to the Borough's Joint Consultative Committee for concerning the allocation of Joint Finance monies. Joint Planning committees and the Joint Consultative Committee have a membership drawn from the health, local government and voluntary sectors. Joint Finance is a pool of money comprising joint contributions from the local authority and the district health authority. It is spent on voluntary sector initiatives at the boundary between health and social services and is a very important source of local funding for voluntary organisations which work on health issues.

Concern described the function of the organisation and its relationship with the national and local organisations, as follows:

> We are part of a federation, we are independent organisations in our own right, but there is the backup of the national organisation...The objectives of Age Concern local organisations is to work with older people, but is to have an umbrella function that is meant to relate to other organisations which provide services to older people and to provide information and advice to them...I see a role that's developing now...as really trying to enable older people to have a voice in the planning of services

A secretary of a Voluntary Service Council described a similar role:

> Part of the role of umbrella organisations like ours [is] very much about not only enabling those who are already organised, but finding out that there are those who aren't and advising the statutory sector...about how they can go about consulting, finding out needs, assessing views and so on.

One informant indicated that she regarded umbrella organisations as an essential feature of the 'modern' voluntary sector:

> W...is behind the times to a lot of other Boroughs, its only recently that they have any types of organisations that pulled the voluntary sector together

Although the informants in the extracts presented above give their categories different names, construct them in slightly different ways and would probably differ in the way they allocate organisations to categories, there is a shared view that the voluntary sector is divided into at least two categories. There is a shared understanding of the characteristics that define difference within the voluntary sector although there are differences in the allocation of these characteristics between categories. I have deliberately avoided squeezing these characteristics into two categories of my own construction because I believe that this would represent a distortion of differences in the ways in which my informants perceive them.

What can be seen is that some organisations, often called "umbrella organisations", have different functions from others in that their role is to work with and support these other organisations. These "umbrella organisations" are often linked in some way with national organisations. Several informants used an organic metaphor of "roots" to describe the relationship which they perceive organisations to have with "the community". Not all voluntary sector organisations are perceived as having "strong roots" in the community. The informant who spoke of "super voluntary sector organisations" implied that there is a trade off between being large, well funded and making use of well developed political and managerial capabilities, and being "in touch with grassroots". She also indicated that there is a widely shared understanding in the voluntary sector of the differences between organisations to the extent that there are "problems" in the relationships between larger and smaller organisations. Informants also indicated that certain organisations would be more likely to

provide "good" representatives than others, although it is not possible to conclude that any one type of organisation is more or less likely to be able to fulfil the criteria.

The account which I have presented on models of diversity in the voluntary sector reveals that informants from the voluntary sector understand not only that it is heterogeneous, but one of the axes of difference between organisations is the closeness of their relationship with a notional 'community'. It further suggests that some of the organisations which are by their own admission more removed from the "grassroots" or 'community' are those which have other features which render them more likely to be chosen as 'community representatives' on steering groups. This suggests that in trying to operationalise the notion of the 'community representative' some aspects of the model of the "good representative", which I have summarised in Appendix 8, are regarded as being more important than others. It appears that the advantages which the larger organisations have - of being easy to contact, able to attend meetings during statutory sector office hours and being able to understand the technical discourse - are regarded as more important than the ability to re-present the views of a constituency. It also suggests that at least some people regard the model of the "good" representative as having other features, for example having "broader perspectives", and possibly others which were not sufficiently explicit to be included in the earlier version.

It is also apparent that some of the features of the "good representative" are linked. For example the second informant indicated that the organisations that had an office and staff would also be the ones which were part of the local

network and therefore "known". The first group of extracts in this chapter indicate that being "known" was a key criterion drawn on by those determining who should be community representatives.

These examples reveal that not only is the 'community' interpreted loosely as the 'voluntary sector' for the purposes of community representation, but that it is interpreted as one small part of the 'voluntary sector'. In the previous chapter I argued that the notion of 'community' as it is understood by non-members was an ideology which was cherished despite a common perception amongst my informants that the 'communities' which they constructed did not have the same meaning as 'community' constructed by its members. The tensions and contradictions inherent in this discussion of community representation can be made sense of if the construct of the 'community representative' is also interpreted as being an ideological notion, an extension of the ideology of 'community'. This notion persists despite the general perception that representatives are only drawn from one part of the voluntary sector which is regarded as one part of the 'community'.

6.4 Are the representatives "good"?

6.4.1 Views of the representatives

Not only do the organisations not represent what informants understand to be 'the community' but individual 'community representatives' often expressed a belief that they did not or could not be expected to represent their constituencies very well. Several informants from larger organisations indicated that they perceived themselves, or others they knew, as not being very closely in touch

with the population which was supposed to be their 'constituency'. For example, in an extract which I used earlier, the informant from an organisation which provided services to a particular population group, said:

> I don't feel that as an organisation that we do actually represent users views...we have a lot of work to do ourselves about that...I don't feel we can be representative of the people until we have actually done the work...We have a person who focuses on carers here...so we actually can represent carers very well

She indicated that there was a subgroup of their population of interest which she believed was represented well, but that was not the whole of their supposed 'constituency'. She added:

> I think I have to say that I'm representing my views...if I'm honest...and my experience of working with [the target group] for quite some time and views of other staff members

A secretary of a Voluntary Service Council explained that her umbrella organisation had very little contact with most of the groups affiliated to it:

> The majority [of groups] are affiliated to Voluntary Service Council, which means they get our newsletter, sometimes they come to our meetings, but apart from that there is no other particular way in which they work together

Another informant specifically criticised the representative from her organisation on the steering group, implying that she did not consider her to be a good representative:

> Although Joan had an extensive knowledge of the voluntary sector she didn't systematically consult and report back to the voluntary sector on Health For All. This is a general criticism that can be made of a lot of the work we do in the Voluntary Service Council in terms of representing the voluntary sector

These extracts support the suggestion which I discussed above that some of the organisations on Health For All steering groups are regarded as "good" because they are able in a practical sense to be representatives and that these requirements are either considered to be tantamount to an ability to re-present views or paramount to it. If the former is the case, then I have suggested this is 'misconceived'. If it is the latter, then it appears to be an important contradiction in a Health For All project which is interested in generating community participation, at least partly as I demonstrated in chapter one, in order to extend democracy.

One explanation as to why people who do not regard themselves to be "good" representatives persist in this role is that they believe that being a good representative is very difficult and possibly consider that for various reasons anyone else in this role would not be better. Some informants believed that it was "difficult" because of the size and diversity of the voluntary sector, as discussed above:

> Its difficult to involve very separate and different organisations and not leave somebody out...we try to make it possible for every group to be involved, but there is over 400-500 groups...and you can't consult with every single one of them before you go back and say "my groups say to me..."

> Its quite difficult because the voluntary sector is made up of hundreds of small, medium and large-size organisations...I can't say that I represent the whole of the user voluntary sector

One informant perceived the "difficulty" as consequent on there being differences of opinion:

> Its always difficult to represent the community as there is no such thing as a consensus of opinion

Community workers also revealed that they perceived some of the community groups whose views they were supposed to be re-presenting as themselves not representative of the communities which they purported to represent. This was implied in the extract on p.153 in which the informant from a Voluntary Service Council explained to me how in her organisation she tried to present a model of "good practice" for community groups, implying that many did not already adopt these ways of working. In the next extract another informant described her perceptions of the consequences for tenants' associations using the metaphor of a "take over", by implication by people who may represent one of many local views. The second extract speaks for itself:

> When an issue is there tenants associations are very successful, if there is no major issue there there's a handful of people, literally a handful of people representing may be a couple of hundred families who may be taken over. Its not until another issue comes up that the whole of that tenants association people start coming back to it again. The rest of the time people keep ticking things over
>
> A lot of it you are hoping that those people who are community activists do represent the needs of the community, sometimes they can be well apart.

Other informants observed that some smaller organisations were not very "organised" and rather impermanent, both of which I believe would make them unlikely to be considered as "good" representatives on a steering group. This is illustrated by the informants in the next two extracts:

> People aren't organised, in a lot of tenant's associations in the area there isn't a systematic process of minute taking, logging of efforts made to get things changed, following things up, I mean that takes a tremendous amount of work
>
> A lot of the tenants associations became defunct in the 80s, the middle 80s. Its only now that they are reestablishing themselves... some of them are good, some of them are hopeless really

One informant described her experience of trying to contact community groups that were on a list supplied by the local Voluntary Service Council:

> We phoned them all up, absolutely everybody, and some of them weren't really groups, they didn't really meet, or were just someone on the end of the phone but no members

Another informant revealed that tenants associations with which she was familiar were dominated by men to the exclusion of women:

> There may be some women but I think in the end women really feel intimidated. They are mostly men. It's very much a political group. It's another platform for men's voices within housing estates and they begin to see it as their personal...they become Chairman, Chairperson, or Treasurer, maybe for 4 or 5 years and it becomes almost like a skill

This last extract in particular suggests that some community workers have an implicit understanding that the agency of the community representative is an important question in the organisations with which they work. For example if representatives are men they will reflect "men's views" rather than a notional view of all the residents. In contrast to this I found little evidence of attention being given to the question of the agency of the community representative on the Health For All steering group.

It is apparent from this account that there were shared perceptions of

multivocality in the 'community'. Since representatives are expected to present a "community view" at meetings and they themselves perceive that no such view exists, it might be expected that they would have an awareness that what they present is their version of what they perceive "community opinion" to be, which in turn would be influenced by their knowledge and experience, as indeed the informant in the second extract in this section (p.178) did. So whilst the model of the "good representative" requires that this person presents the views of the constituency rather than his or her own, the evidence presented here suggests that this is model is an idealised one and that inevitably representatives are influenced by their own views. The omission is thus that whilst voluntary sector informants were prepared to reveal their understanding that certain types of organisations made better representatives, with the exception of the informant in the extract quoted on p.142 they did not express similar beliefs about type of people.

Several informants from the voluntary sector revealed that they were very conscious of the question of the agency when working with their community groups and they recognised differences in the views of community workers and their organisations' members and between different organisations. They also imply that certain community workers are better than others:

> Community workers do have a lot of the knowledge and information already, however it goes back to what professionals might see on one level differently to what local people can. I think sometimes the issues for community workers are not the issues for local people. I think there's a danger that community

> workers can take an issue and run with it without consulting or carrying local people. At the end of the day it should be local people telling community workers what they should start getting concerned with

> An opinion that a Voluntary Service Council might have about what they would like to see developing in the community may be very different from what the people in the surrounding roads may see

One informant spoke of "incidents" in which there had been a very poor relationship between management and the community worker:

> I have certainly heard of incidents where even in groups based on the locality there has been an very unhappy relationship, shall we say, between management and the worker, and blood has been spilt

The only situations in which voluntary sector workers reported making deliberate decisions not to reflect community views were when they believed them to be "racist". In these circumstances, rather than re-presenting these opinions, community workers perceive that they have a responsibility to try and change them. This is illustrated by the informants in the next extracts. In the first, an umbrella organisation worker describes her vision of trying to change local views. In the second, a community development worker describes how she sees her role change when such issues arise, from one of being "told" what to

do by "the community" to one of "challenging" or even trying to "thwart" these ideas:

> People have all kinds of prejudices and views which we hope to help them to be able to look at and change in the spirit of trying to make a better community where people work together and see everybody as benefiting from the whole rather than individual specific interests

> A number of issues that arise I sometimes think...I will not get involved in...and examples of that is racism. Racism is still rife, certainly in the whole of Britain and there's been comments in the past or suggestions in the past that people have said that I just will not touch because it is racist. So then I've got a different role there my role is to challenge or in an number of instances to thwart those suggestions going any further. The only way I can do that is by challenging and arguing against what they are trying to suggest

What emerges from these extracts is that informants perceive the role of the community representative to be a very difficult one. The task of consulting and seeking views is made difficult because of the number of organisations involved and the perception that 'community' opinion is characterised by multivocality. Many of the organisations whose views they seek they perceive as being weak and often their 'representativeness' is doubted. One consequence of this is that those who are asked to take on the role of the 'community representative'

perceived that others would not be any better at it and possibly less good. Furthermore, since community workers have to make choices in compiling a 'community view' to present to the steering group, it is quite likely that they would also have held opinions on 'types' of people who make better 'community representatives' than others. I did not find this in my data, but this may reflect a shortcoming of the methods that I used.

6.4.2 Community representation in steering groups

The account above has revealed that community representatives are drawn from a narrow section of the voluntary sector which is believed to be one part of the community. It has shown that these representatives often believe themselves not to be very closely in touch with their constituency, not to be particularly good representatives; they attribute this in part to the difficulties inherent in the role. It is therefore not surprising that when informants spoke of the ability of representatives on the steering groups to represent the 'community' they were inevitably dissatisfied with their performance. When informants comment on the group of people who together "represent" the "community" on a steering group they perceive the problem in terms of numbers of representatives, how they are chosen and type of representative, as the following extracts illustrate. Implicit in this is a belief that if it were just possible to make these small adjustments to the "community representatives" then they would be truly representative:

> I don't know that we have enough people yet

> I would hope that Health For All would work towards much wider representation

> We would like to see nominated people from the voluntary organisations rather than selected people and...a much bigger involvement of a much wider cross-section of the voluntary sector

> I'd like to see users on the Steering Group

This "problem" of the representatives not being deemed to be actually representative was perceived as serious and was a source of continuous discussion, but was not, apparently, seen as sufficiently grave to undermine the whole process of community representation. I was at first surprised that a group which aims to involve the 'community' in health promotion should not be more concerned that its "community representatives" are not representative. One explanation for this observation is that it reflects an implicit recognition that the ideal is ultimately unachievable. The suggested little adjustments will never be enough to produce a representative group of people. Community representation is usually referred to as being something to be improved on in the future, as the next extracts show. In these the informants talk about General Practice user groups and a steering group respectively and identify this "problem" as something to be 'addressed':

> You will never get user groups that are representative fully...What you have to do is keep addressing it, but don't worry if its not there from day one

> In terms of the Steering Group itself, I think the voluntary sector people who are on it are on it by default rather than anything else

> and I think it is a problem that we don't actually represent the voluntary sector as such...it is something we intend to address

Informants specifically identified the Community Health Councils, community workers and community groups as examples of institutions which do not represent "the community". Thus one informant told me how the local Community Health Council only prioritised service developments for the elderly and did not reflect the needs of any other "interest group". She concluded, "I think the Community Health Council is not a sufficient proxy for anything at the moment", let alone the 'community'. Another informant felt that community groups were not legitimate representatives, only councillors were. And a third spoke of community workers thus:

> They are an extremely effective gate-keeper but they shouldn't try to pretend that they are the community and that they do represent the community, but they can be incredibly instrumental in facilitating, enabling, for a community view to be got together and channelled through

These remarks appear as specific criticisms of these three institutions, as the earlier extracts appeared at first as criticisms of the group of people who currently represent the 'community' in the steering groups. If it is considered that they are the only institutions that most informants have any actual experience of as "community representatives" then it might be hypothesised that what is being criticised and rejected as "not representing the community" is not the Community Health Councils, community workers and community groups but

the construct of the "community representative" as informants experience it. Indeed it is very unlikely that the heterogeneous 'community' as understood by my informants could be represented in a meaningful way by a small group of people on a Health For All steering group. One informant hinted at this in the extract below:

> Whether we are representative of the entire community I very much doubt...No we are not representative, how could we be unless everybody was actually on the committee?

Other informants reveal an understanding of this when they talk of continually wanting to "reach" people they are not in contact with and to get the views of the silent who are often considered to be the "real" community:

> You always have that problem about vocal members speaking on behalf of everyone

> You always feel there is a group of people out there who actually aren't getting their voices heard and nobody is making contact with them

> I think that's the continual problem - are you reaching everybody that you want to reach?

Viewed in this light what is most surprising is not that "community representatives" are invariably considered not to be representative, but that

anyone could consider that a small group of people could represent something as diverse as a notion of 'the community' implies. This might be explained if those who expected them to be able to represent 'the community' had in their minds the collective representation of 'community' described in chapter four.

The informant above, who indicated that it would be almost impossible for her group to be "representative", suggests that "community representation" may be inherently a process of compromise. This would explain the 'mañana' approach to improving the representativeness of "community representatives" on Steering Groups. In the next extract she indicates this by expressing her satisfaction with the make-up of the group of "community representatives" of which she is a member:

> Q. So as a community person, given all the limitations, you would feel that the selection of the four of you was satisfactory?
> A. I think so, there's the leader of the Voluntary Services Council so all the voluntary sector is represented by that person. It's not really and she would be very happy to agree it's not, but that was the idea behind it. Then there's MIND, so all the mental health groups in the Borough are adequately represented; then there the Race Group, again not totally representative, but a good stab at it; then me from all the churches. So it's not so bad

This chapter has explored the notion of the community representative as an example or case study of the 'community' in operation. Community representatives are an important feature of the multisectoral steering group of

a Health For All project which the World Health Organisation has said that 'cities' should establish. What we have examined is what happens when people seek to execute this injunction. We have seen that representatives are only selected from a very narrow section of the 'community' and that they are not commonly regarded as and do not regard themselves as representatives. There appears to be an implicit recognition that the role is difficult if not impossible and what results is the 'best available' group of people. Whether indeed this is a satisfactory compromise I will discuss in the next chapter.

6.5 Consequences

In the final section of this chapter I explore some if the consequences of this interpretation of community representation on steering groups and other participative bodies. One of these is the effect which it has on the dynamics of power within the voluntary sector. As I revealed above, some informants clearly regarded having resources to employ a worker and maintain premises as an essential prerequisite for involvement in voluntary sector networks and advocacy. The informant in the extract presented on p.172 observed that within the voluntary sector, the relationships between different organisations are often characterised by competition for scarce resources. Underlying the "funding problem", a recurring theme in interviews with members of voluntary organisations, are differences in access to power which lie at the root of many of the tensions between the voluntary sector and statutory sector.

The importance of funding was highlighted at the time of interviewing as I was told that several of the Boroughs were affected by "Poll Tax" capping and were

making large "cuts" to their services, including grants to the voluntary sector. Many informants I interviewed expressed uncertainty about whether they would have a job or their organisation still exist in six months time. The importance with which funding is perceived was demonstrated by one informant who described how the voluntary sector members of one steering group were nearly withdrawn at its start by their Management Committees, when the latter discovered that £80,000 had been allocated for the work at a time when services were being cut back:

> We...went back to our organisations who said "what the hell do you think you are doing? what is this all about? £80,000 we could have done all sorts of other things with it"...Particularly my Committee who represent some organisations who have really struggled very hard for funding, some of them whose members are seeing a real cutback in services. Anyway we persuaded them to stay with it. One of the big problems was that they had allocated £5,000 for us to go to a hotel ...for two days to look at the project and that caused tremendous uproar. A lot of organisations don't get grants equal to that and to spend £5,000 on a hotel bill... and dream up what we are going to do with all this money was a real smack in the teeth for a lot of them whose funding is so minimal. Our own organisation runs on an absolute shoe-string and with £5,000 we would have had something going in no time flat! So that was a real bone of contention

Because access to funding is such an important barrier to participation,

particularly with the statutory sector, those organisations which are funded and able to undertake such work become "known". If only a few organisations are funded, these are likely also to be the "community representatives" on the Joint Consultative Committee which allocates much of the money to the health voluntary sector. With this position comes privileged access at least to knowledge and experience of how to get funding, as the following extract illustrates:

> If you look at the Joint Finance bids, that tends to be the same organisations bidding again and again, because we are in the know. We know that you have to get your bids done by the end of March to go to the Joint Care Planning Team by the 9 April and then it is all on hold and we will all work out the details by December when it goes to the Joint Consultative Committee and then we all know who is on the Joint Consultative Committee

This informant later described the group "in the know" as an "elite". She was quoted at the beginning of this chapter describing how she had been a key informant for a Health Promotion Officer forming a steering group and had given a list of organisations to invite. She subsequently gave a slightly different interpretation to events:

> Jane rang me and I thought of the names of people that I dealt with. Its very cliquey, this nice little elite... Whilst that's OK for us if we get our bids through, for a lot of say ethnic groups, they don't get a look in. They are not in the know, they are not in the

> structure, its not a really very healthy situation, but unfortunately that's where we are at at the moment

This position of privilege in the voluntary sector was also referred to by the informant who described the model of the "super voluntary sector organisations" on p.172. The requirements of the statutory sector of having 'community representatives' who understand the system and are able to participate with relative ease are here believed to be at the expense of other organisations. One informant, who was not on the Joint Consultative Committee, indicated that representatives on JCCs could also be quite distanced from other voluntary sector groups when she asked:

> If you look at sort of the Joint Consultative Committee structures you have sort of three representatives who represent the voluntary sector, does the voluntary sector know who they are? how do they make sure they represent the voluntary sector?

Another consequence of the interpretation of 'community' which was identified by my informants was that it could impair the ability of the projects to work towards Health For All. Some informants reflected that it could potentially compromise long term objectives, as the next extracts demonstrate. In the first a Health Promotion Officer explains that it can lead to concentration of efforts and demands on a small group of people and "overload" them. By implication thus reducing their effectiveness. In the second, a community worker warns against the "danger" of never getting beyond the workers to "the community":

> In some of the African communities...you are having more and more smaller unfunded groups...Its much harder to access those groups although...we have done some work with those types of groups...One thing I'm beginning to realise more and more, I think there is very much an established voluntary sector in [the Borough]...There's a number of health workers in various voluntary sector groups and its very easy for us all to be working with the same people. For me the challenge is to try and break out of that and actually try and develop new networks...I think there's a danger that you can overload a number of, they are usually women, women health workers in different communities

> If you are going to raise health awareness in the area it can only be done through local people and not the workers...You could end up with working with workers, and never working with the local community...If you work solely through the community workers you never actually get to build the community groups themselves

I have thus demonstrated that in attempting to put 'community' into practice, in the context of seeking representatives for Health For All steering groups pragmatic considerations become paramount and the so-called 'community representatives' are ultimately drawn from one small part of the voluntary sector, the larger funded organisations. This is both because the nature of the 'community' is such that it cannot be readily represented and because the nature of the voluntary sector is such that representing it is also very difficult. I have demonstrated that this has two consequences. The first is that it contributes to

the building of a voluntary sector 'elite', accentuating differences and inequalities in the voluntary sector. Secondly, it can undermine the very aim of working with, and so improving the health of, ordinary people.

CHAPTER SEVEN

DISCUSSION AND CONCLUSIONS

7.1 Summary of the findings

My task in this thesis has been to discover what the 'community' means for people who work in pursuit of community participation in health promotion. More specifically: which people in which circumstances use 'community' to mean what and with what consequences? I started exploring the relationship between my informants and the 'community' with which they worked. None of these informants regarded themselves as members of the 'community' and through the study the highly context-specific and transitory nature of community membership became apparent. A person can be a 'member' and 'non-member' simultaneously or consecutively, at times being a member of one community whilst being a 'non-member' of others. My thesis is thus about the meaning of 'community' for non-members.

I have drawn on Geertz's concept of layers of meaning as an analytical tool in interpreting my data. At a superficial level, when my informants explained to me what a 'community' was, it was apparent that there was no single definition of 'community'. The way my informants defined 'community' frequently reflected the formalised definitions of their workplaces, with only informants from the health sector attempting to capture a sense of how 'community' might be perceived by its members. At this superficial level my informants revealed that the meaning of 'community' was context-dependent and some used several different definitions, switching between them as they spoke of different things

in different ways.

The second layer I examined was the meaning of 'community' in common usage. I found that my informants constructed 'communities' in relation to an institution or a person and thus identified those who would be members solely by virtue of their relationship with this point rather than incorporating notions of their own perceptions of sharing. Constructed in this way, there are no 'wrong' definitions and informants could and did use whatever symbols they wished in order to construct the boundaries. Tensions and contradictions which arose from this were comprehended through a folk model of "communities within the community".

I reveal that informants regard the symbols which they use to construct 'community' boundaries as objective manifestations of 'community'. At a deeper level they imbue these with meaning which is found in the form of a collective representation of 'what a community is like'. This is characterised by 'community' possessing the qualities and competencies of a living person. When informants described situations which would be 'like a community' they identified circumstances which would engender a sense of sharing and belonging. In this way I reveal that non-members' understanding of 'community' has at its heart a central 'misconception' in that they construct the boundaries of 'communities' with regard only to relational ideas, yet they imbue these with a meaning which is based on notions of shared culture. Thus non-members, when they construct 'communities', imagine that those 'communities' have the same meaning as 'communities' which are constructed by their members.

In chapter five I looked at my informants' accounts of their experiences when they work with the communities which they construct. I described how they found that they were unable to impose their constructions on community members, particularly where the members had a clear idea of how they understood the boundaries of their 'communities' to be. These boundaries could only be moved by appeals to the members cast in terms of the notions of sharing and difference, the central features of the meaning of 'community' for its members. Thus we have seen that although non-members can construct 'communities' however they wish, they can not always work with those they construct.

Not only did informants describe situations which illustrated the difficulties which they had with their constructions, but they demonstrated an awareness of these when they revealed their operational models of 'community'. When they discussed how they would operationalise 'community' they revealed that they would try to capture a sense of 'community' as it might be understood by its members. One also revealed that one of the reasons why they consider the idea of 'community' to be important, as opposed to individuals who live in a particular geographical area, is because within 'communities' needs and views are believed to be shared, implying relative homogeneity. This appears directly to contradict the dominant folk model of "communities within the community", which is one of 'community' heterogeneity. It is also in conflict with my informants' accounts of 'what communities are like' in their daily experience, which reveal marked heterogeneity with antagonism and conflict between different groups. They also perceived that 'communities' are not multi-purpose and frequently have no interest in becoming involved with issues other than

those around which they formed. These observations reveal that in an important part of the value given to working with 'communities' lies an internal contradiction; they are valued for having characteristics which apparently they are simultaneously known not to have. The tenacity with which non-members cling to the belief that they can construct 'communities' which contain the meaning of 'community' for its members in the face of their own experiential knowledge to the contrary can be explained if 'community' as understood by non-members is viewed as an ideology.

In chapter six I examined my informants' experiences when they try to operate their notion of 'community' through the construct of the 'community representative' on Health For All steering groups. They revealed that they have a 'cultural model' of a "good" representative which has some practical attributes and other democratic attributes concerning their ability to "re-present" the views of others. The model is centrally concerned with the ability to represent a heterogeneous 'community' on the steering group, but the data indicate that the only people who fulfil the practical requirements are from the voluntary sector.

When I explored the relationship between the voluntary sector and the 'community', it appeared that the former is regarded as heterogeneous. Informants described different types of organisation and revealed tensions within the voluntary sector between the larger and smaller organisations. Only certain types of organisation were regarded as a suitable source of representatives for the steering group. Thus for the purposes of representation, the 'community' is interpreted as one small part of the voluntary sector. This suggests that the notion of the community representative is an ideological one, just as the notion

of the 'community' as understood by non-members was shown to be.

The 'community representatives' amongst my informants believed that they did not represent their constituencies very well, but they considered the role of 'representing the voluntary sector' to be a very difficult one which others would not necessarily do better. They revealed that because of the nature of the voluntary sector, the representatives have to make important decisions about what and whose view they will represent. When my informants reflected on the representatives on the steering groups they invariably found them to be wanting and couched their criticisms in terms of the numbers and type of representative and how they were chosen. They implied that if these small changes were made they would be satisfied. They also specifically levelled criticisms at Community Health Councils, community workers and community groups as not representing 'the community'. I argued that the cause of the dissatisfaction which informants perceive lies not with the numbers of representatives being wrong nor them coming from the wrong organisations, but with the very notion that a small group of people could ever represent an idea as complex as the 'community'. I concluded my account with discussion of some of the consequences of operationalising the notion of the 'community representative'. I discussed how within the voluntary sector an elite is created amongst the participating organisations, through privileged access to the funding structures. Some informants reflected that a small number of 'community representatives' are overloaded to the extent that it impairs their ability to work, whilst others observe that people can end up working just with community workers and never actually work with the 'community'.

7.2 Methological issues

When I conceived my research methods I anticipated that I would find 'community' and 'participation' to be interpreted differently in different locations with different Health For All contexts. Ultimately I only analysed my data on 'community' and my findings were quite different from those I had anticipated. I still regard the decision as the correct one and do expect to find such differences when I get the opportunity in the future to look at that on meanings of 'participation'. I had considerable difficulty getting some informants to discuss 'community', because of this it was undoubtably beneficial to have interviewed in the four locations as it increased the numbers of potential informants available for interview and enabled me to find enough who were interested in and had views they wanted to share on 'community'.

In chapter three I outlined some of the reasons why I did not include participant observation amongst my research methods. With the benefit of hindsight, I believe that participant observation would have enabled to me gain a perspective on my subject from an additional dimension. It would have enabled me systematically to collect data on operational models of 'community' which would have provided a much greater understanding about how people try to operationalise the notion of 'community' and the extent to which there really is an awareness that the notion of community which is pursued is based on a 'misconception'. Some of my informants suggested that they considered 'community' to be meaningless yet they did not desist from using the term or apparently from trying to work with 'it' or encourage others to do so. I was not able to explore these contradictions with my informants. The greater opportunities provided for discussion as a participant might have assisted this,

as might selective re-interviewing. Participant observation in my informants' 'natural' environment would still have been difficult as only in four instances did two or more informants work in the same place. I perhaps should have attended Health For All steering group meetings as this might have provided some additional data. Unfortunately because of the constraints of time I did not.

With participant observation I could have explored in greater depth the question of 'community representatives' had I been present when discussions about representation were taking place and could have gained a fuller understanding of how particular people are chosen to be community representatives; why some are chosen over others. One of the reasons why I did not do this is that it was not clear that this was going to be important until late into the stage of writing up. I might also have been able to collect data to support further the emerging hypothesis that working with the 'community' is primarily valued over other ways of working, e.g with individuals, because of a belief that the 'community' is like the collective representation described in chapter four.

Participant observation would have provided more data. In view of the severe constraints of word length in this thesis, it would have been difficult to include it. More importantly I do not believe that it would have materially changed my conclusions. What I have presented here is the process of developing a theory about the meaning of community for the non-members who work with 'it'. The next stage is for further research to be undertaken to test this theory and these other questions can be explore at that time.

7.3 Contribution to the disciplinary literature

In the light of the findings reported in the thesis it is possible to return to the post-1971 disciplinary literature, to reexamine it and reflect on some of the conclusions reached. Plant (1974) identified the centrality of perceptions of 'membership' in the definition of 'community'. Although I developed my ideas in a different way, my conclusions support his assertion. They also provide further evidence to support his claim that the main aim of community work should be to enhance perceptions of 'membership'. Community development workers deliberately aim to create a sense of community in areas where presumably this is thought not to exist (Johnson et al 1970 in Leissner and Joslin 1974). My findings indicate that the only way in which this can be actualised is by appealing to and nurturing sentiments of sharing and belonging.

Willmott (1984) identified the common essence in the diverse usages of the word 'community' as sharing. He identified the importance of the notion of 'community sense' and suggested circumstances in which it could be found, which were very similar to those which my informants described as 'like a community'. He then mistakenly concluded that 'community sense' was a type of 'community' rather than a notion within 'communities' as understood by their members. He asserted that 'community sense' was less common that it used to be and that interest communities do not provide 'community sense', since he provided no evidence to support this it is reasonable to surmise that he was influenced by the ideology of 'community' lost or diminishing. The three pronged classification of 'community', a form of which was developed by Willmott (1984 and 1989) and which can be found reproduced in introductory sociology texts, can thus be interpreted as providing examples of symbols which

may be used in the construction of community boundaries including 'interest groups' and 'localities'.

Cohen (1985) made the most important contribution to the debate, and although I have drawn heavily on his ideas in my analysis, I believe it is possible to say that the coherence of his arguments and analysis were supported by my data. However, perhaps because of the rural and exotic nature of the 'communities' which he discusses, he appears to overemphasise the importance of local and ethnic contexts in providing a sense of belonging at the expense of other possible contexts, for example social movements and interest groups, to which he only refers in passing. More importantly, in his attempt to understand the meaning of 'community' for members he fails to identify that there may be a distinction between members and non-members. Although he criticises politicians (1985 p.12) for making assumptions about how 'communities' are understood by their members, he misses the importance of this and so fails to make the distinction, which he possibly implicitly recognises, between the meaning of 'community' for members and non-members. The central question which I have identified which must precede an exposition of the meaning of community is: who has constructed the boundaries?

7.4 'Communities' in the community participation literature

In the first chapter I reviewed what was expected of the participating 'communities', identifying in particular that they should assess their "needs", "recognise and address" problems and opportunities, set themselves "goals" and "priorities" and to "share" local values and "interests". In the light of the

discussion of my research findings it is apparent that these and the other similar expectations are examples of the personification of community. If readers refer back on the notions of community which I presented in Chapter 1, they will see that the sharing of problems and needs was an integral part of the idea of community in the Alma Ata Declaration and that many other authors incorporated these ideas of sharing into their definitions, for example Midgely (1986 in Rifkin et al 1988), Rifkin et al (1988), Agudelo (1983) and Suliman (1983 in Cutts 1985).

Many of the authors in the literature, like many of my informants, explicitly reject this personification and the assumptions that within communities needs, values and interests are shared. Hunt (1990) observed that the notion of a 'community' with a "communality of interests" is "less viable" in industrialised nations than in villages of the Third World. She was apparently unfamiliar with this body of literature, as such assertions appear considerably more often in accounts of experiences from the Third World. Stone (1992) characterised the assumptions of many investigators that rural 'communities' were homogeneous entities, full of persons sharing common interests and orientated toward mutual cooperation, as a "naive fallacy". In a similar manner, Tumwine (1989), writing about Zimbabwe, observed that a community is "often regarded" as a homogeneous entity in which all the members live in the same way and have the same interests and aspirations. In "real life", however, a community is a heterogeneous entity in which, he asserts, members have different class interests. In Uganda Seeley et al (1992) observed that the differences in needs and values were revealed when they engaged the "community" in discussions about how to spend a Community Fund which was intended as an offering of thanks for

assistance with the research project. They observed that "there were nearly as many views on how to spend the money as there were people" and many of the ideas revolved around benefits for specific persons or groups rather than villages as a whole.

This discussion suggests that in the literature the same tensions can be found as were present in my data between the ideological notion of 'community' as a relatively homogeneous entity in which basic needs, interest and values are shared and the experiences of people who have worked with 'communities' which reveal them to be quite different.

Many authors wrote of their perceptions of the heterogeneity of "communities", often couching their observations as criticisms of others who assume them to be homogeneous or as warnings to those who seek community participation in ignorance of this. For example in the developed countries literature, Hunt (1990), cited above, proceeded to assert that 'the people' often turn out to consist of competing interest groups or factions, such that one set of defined needs may well clash with another. The unnamed authors of an article entitled *Strengthening Communities* (1987) advised that "health promotion development should...take account of the diversity of groups within a community; which may cut across geographic lines, e.g age and sex". They cautioned that "there is a need to be aware that one community organisation may not necessarily be able to represent the interests of diverse groups - with their own health and social needs". There is a much more fulsome discussion of this in the developing countries literature. Tumwine (1989) observed that even the smallest of communities may reflect the social dynamics prevalent in a region or country.

Only naive health workers would neglect this "simple fact". Abdullatif et al (1991 p.31) maintained that health planners and managers had grown accustomed to thinking of a vast but homogeneous and passive population segmented into groups at risk. They warned that "this way of thinking may be counterproductive and could be misleading. A community is a dynamic, fluid, geographical, political, and social entity comprising of individuals of various kinds, many interest groups, and a range of political concerns. Health personnel must be aware of this reality". Rifkin (1981) asserted that one of the problems with community development was that it was based on the presumption that communities were homogeneous entities with all members willing to make sacrifices for the common good. This proved not to be the case; although she appears to contradict herself in 1988 when she defined communities as "specific groups with shared needs living in a defined geographical area".

Several authors provided detailed accounts of the heterogeneous nature of the "communities" in which they worked. Seeley et al (1992) described the community in the area of their HIV/AIDS study in Uganda. They identified differences of religion, 65% of the population were Roman Catholic, 25% Muslim and 10% members of a variety of protestant churches. There were ethnic differences, 50% of the population were Baganda, 20% Rwandese/Barundi and 30% members of seven other ethnic groups. They observed that there were also differences of age, 55% of the population were under 15 years, and of gender. Cutts (1985) observed that in the "community" in the Afghan refugee camp which she was supposed to be engaging in community participation in primary health care there were many different "tribes" which did not communicate with each other and the women were

confined to their homes.

Cham et al (1987), writing about villages ("communities") in Gambia observed that they were "not socially egalitarian nor based upon the democratic principle of one-adult-one vote". People were ranked according to caste, class, age, religion, gender and the marriage order of the wives. Some people, they perceived, did not have obvious decision-making roles, for example those from the lower castes such as blacksmiths and former slaves; spokesmen and spokeswomen from minority ethnic groups; and seasonal migrant farmers. The traditional village power structures consisted of the headman and his council of two to six "elderly male aristocrats".

Cham et al's account also reveals differences in power and the ability of some groups to have their voice heard within 'communities'; similar observations to those of my informants. Observed power differentials and their consequences within 'communities' is a common theme in the literature. Several authors attributed the failure of health projects at least in part to a lack of understanding of the distribution of power and local politics of 'communities'. Paul and Demarest (1984) described a case study of a primary health care project in Guatemala which had failed, in part because of the North American community workers' naive view that different political factions and opponents could somehow be brought together in a non-political way to work for the common good of the town. She tried to impose her own notions of democracy and representativeness on a situation of intense political polarisation. The study revealed that the 'community' members perceived the health project to be a valuable resource for which the different factions felt it important to compete.

The worker thus became ensnared in their political machinations. The authors also cite the experiences of a health project in Brazil, (Oberg and Rios 1955) where the organisers established a "community council" and tried to get the widest possible participation. It was intended to be "non-political in character". The council failed to work effectively and authors of the case study concluded that "if less attention had been focused on the vision of non-partisanship and more on the fact that the town was composed of active and conflicting political forces the council would have been constructed differently and more successful." In a similar way Stone (1992) observed that in some cases efforts to structure community involvement in health programmes became enmeshed in local politics and power struggles between factionalised and competitive interest groups.

Seeley et al (1992) found diversity to be one of the obstacles which their programme encountered in its endeavours to involve 'the community' in the process of planning and implementing research. They observed that not all the various groups participated. Since their recruitment to the programme depended to a large extent on existing political structures, those outside were at least initially less likely to participate. Special efforts were needed to avoid marginalising further the local marginal groups.

Rather than working to improve equity in health, Thornton & Ramphele (1989) assert that development projects worldwide have been known to reinforce inequalities in countries where they have been initiated without paying sufficient attention to the patterns and problems of existing social relations. Tumwine (1989) warned that neglecting differences in values and interests of people from

different social classes could have the same effect. He observed that at times the interests of elite groups may be "antagonistic and hostile towards the poor and other disadvantaged members of the community".

In the developed countries literature on community participation, apart from the occasional assertion that communities are heterogeneous, there is scarcely any debate about the implications of this heterogeneity. Stacey (1988) observed that "the notion of community can be used to impose the ideas of a powerful group upon others less powerful; it can be used to define, maintain, increase the solidarity of a group over or against all others". She then rather selectively concluded "it is in this last mode, community is constantly used to defend and enhance their lifestyle in face of a dominant majority". Rose (1990) captured the romanticism surrounding the notion of community when she wrote that "community, with its seductive offering of social solidarity, simultaneously offers to reconcile and go beyond the sharp social divisions of contempory society, marked nowhere more clearly than by the statistics of mortality and morbidity". Unfortunately she did not further develop these ideas, but she reflects in this sentence a perception of the tensions between the "seductive" ideological notion of community and the very different social reality.

Madan (1987) described the difference between the ideology and social reality as a "gap between the 'available' communities and those 'required' in terms of community involvement in schemes of general applicability "e.g public health". He asserted that the notion of 'community' suggests a certain homogeneity of values and interests and implies, "if not a face-to-face character, at least a considerable degree of physical togetherness", yet it is "well known" that South

Asian villages are internally divided and cites class in addition to traditional caste and kin divisions. In a similar manner Schwartz (1981) also observed that in community development, planned change has the best chance to succeed in "relatively small, well-bounded, homogeneous, integrated communities". He observed that "communities that lack these traits are encouraged to develop them" as a prelude to fruitful community development.

These perceptions of the complexity of communities and the difficulties encountered when working with them are sharply contrasted with the advice which Bracht and Tsouros (1990) offered to people wishing to construct communities. They suggested that when making decisions about the community boundaries people should consult "with the major social institutions or sectors such as education, health, recreation, business, religion, media, civic organisations and government". They add, without elaboration, that "it can be helpful to solicit information on past community organisation efforts, their successes, failures and decision-making processes". Thus they assume that these institutions can represent the views of members of the 'community'.

The institutions with which they recommend consultations also reflect their operational model of community. Towards the end of the article Bracht and Tsouros (1990) discuss "mechanisms for community level activities" and identify under this heading "pressure groups", "self-care and self-reliance groups", "self-help groups", "voluntary services/organisations" and the groups within "social movements". The operationalising of 'community' as "community groups" is also found in the article *Strengthening Communities* (1987), throughout which reference is almost exclusively made to "community groups",

which it suggests should be given "resources", "empowered" and should "own and control their endeavours". Another example was provided by the Canadian Minister of National Health and Welfare in his address to the Ottawa Conference (1987) in which he equates support for "voluntary organisations", "community groups" and "self-help programmes" with recognition and support for community participation. These authors thus reveal that they believe that 'community' should be operationalised in terms of various groups of people, in a similar manner to that of my informants. They thus imply, as my informants believed, that for many of the purposes of community participation the 'community' should be interpreted as 'community groups'.

Just as my informants were aware that they could construct communities however they liked, but they could not always work with those they constructed, so in the community participation literature authors believe that there are communities which are better suited to participation than others. Several authors believed that community participation was more successful in more homogeneous communities. Bermejo and Bekui (1993) echoed these observations when they assert that community participation has a greater chance to develop where economic, ethnic, religious and other differences are less marked. "In Ghana the village/town is seen as a unified body by most ethnic groups; local traditional leaders encourage and direct communal efforts...a strong sense of community is generally prevalent. In certain areas which are not ethnically uniform, inter-ethnic tensions affect community participation." They contrasted this with the situation found on the Atlantic coast of Nicaragua, where there were six different ethnic groups, community segmentation and confrontation between *miskito* Indians and the dominant *mestizo* group made

participation more difficult.

Other authors considered it to be more successful in communities described as "cohesive". Hopp and Pridan (1984) observed that a minimum cohesiveness and leadership is needed for a community to become active. Abdullatif et al (1991 p.31-2) wrote of "the degree of cohesiveness within the community" as the "critical factor" for community involvement in health. Several factors were reported to influence this: whether the community is urban or rural; the degree of common interest among its members; whether it consists of recent immigrants or well-established families; and, whether there are potential differences on class, caste or religious grounds. They warned health personnel not to assume that urban and rural communities would be cohesive. They would find cohesiveness among the different social, political and cultural groups within the community that share common interests.

Several authors specifically identified "urban" communities as not cohesive. In a manner resonant of Tönnies and Durkheim, Rifkin (1987) wrote that urban communities mostly comprise people who have been "thrown together because of circumstances rather than choice". The mobility of urban dwellers, particularly the poor who come as refugees or wealth seekers contrasts sharply with rural communities which are composed of people who have century-old roots, traditions, social structures and thus a much greater sense of identity. She wrote that urban dwellers often share only a common location. They have little perceived common interest or framework for collective action. It is difficult to gain and maintain community involvement because poor urban communities lack a common understanding and social infrastructure. Das (1991) in a similar

vein asserted that communities could be broadly classified into urban and rural. The urban community is "a heterogeneous group, migrated from different geographical areas, having different social background. Their attachment to place is only to earn money and social structure does not exist beyond the family...Civic sense is very poor among the literates."

Other authors regarded such views about rural communities to reflect a "misconception" (Foster 1982). Foster characterised the belief that there was a "lost golden age when people lived harmoniously with each other, cooperating for the common good" and the assumption that the rural community encapsulates the basic virtues of society as a "simplistic image". He asked "if this [were] true, how does one explain the frequent bickering, mutual suspicion, and lack of cooperation often found in rural communities?".

Although the communities which my informants construct were apparently real enough for them and thus had real consequences for them, my findings suggest that communities which are constructed by non-members are in fact not communities, because in reality they lack the essential notion of sharing which is the central feature of the meaning of community for members (Cohen 1985). The communities which are sought after and presumed by non-members are constructs which people want to believe in because they represent an ideal, a utopia, a better way of living. They provide hope for people in a world replete with imperfections, inequalities and strife. The strength of the conviction in the attainability of a better way of living is such that people believe it to be real, act as if it were real and instruct others to work with it or seek it. I have demonstrated that it is not. Real communities are what Cohen (1985) described,

intangible, transitory, mental constructs, based on notions of sharing and belonging, which cannot easily be identified and engaged by outsiders because of these inherent characteristics.

I have revealed that many people who work closely with 'communities' which they have constructed perceive them not to be communities. This was demonstrated by the informants in chapter five who gave accounts of the difficulties they faced in working with the 'communities' which they had constructed when they found within them or cutting across them, what I will now call 'real' communities. A perception of this is similarly reflected in the literature when informants discuss types of 'communities' which are better suited for participation, what they are trying to seek are 'real' communities. It was further revealed in the operational models of community which showed that informants were aware that if they wanted to work with the 'community' they had to identify, within the boundaries of their construct, communities identified by their own members. This is similarly reflected in the literature which suggests that 'communities' should be operationalised through voluntary groups, which are often structured and tangible manifestations of 'community'. The final demonstration of it lay in the account of 'community' heterogeneity when I revealed that 'communities' which non-members construct are perceived as containing within them vastly differing groups of people whose interrelationships are often perceived as being characterised by competition, conflict and differential distributions of power. These observations again are commonly reflected in the literature.

What I have not yet discussed is the extent to which my assertion that

communities which are constructed by non-members are not actually communities is reflected in the literature. Reidy and Kitching (1986) get close to this when they criticise authors like Rifkin (1985 p.29) for recognising communities to be heterogeneous, asserting that within them can be found 'interest conflicts' and 'disadvantaged groups', 'diversities', 'power groups' and 'basic economic inequalities', whilst continuing to believe that nonetheless these are found within 'communities'. They argue that Rifkin implies that there is some sort of "residual or basic unity" underlying these 'diversities' ('community diversities') which can some how be 'brought out' or 'made to triumph' through 'productively interacting with various power groups' and 'defining mutually acceptable objectives'. They suggest that this assertion is a misconception and that no such unity is found. My findings not only confirm that no such unity is found, but that no such 'community' is found.

Reidy and Kitching (1986) argue that the idea that "even stratified or diverse communities in the Third World are nonetheless communities" originates from the fact that nearly all authors of the primary health care literature are to differing degrees 'strangers', 'outsiders' to those societies, and so what strikes them most powerfully about such societies is both that 'strangeness', and that all the people of that 'other' society do share cultural values and activities in common which differentiate them from the 'outside' observer. My study would support their assertion that non-members who persist in using the term 'community' are unable to distance themselves from, what I identified as, the ideology of 'community', at the heart of which lies the collective representation of 'what a community is like'. However I would argue that this may only be part of the reason. Observers in the Third World may underestimate the

diversity of people because they perceive them as strange. It is also likely, from our understanding of community in Cohen (1985), that the presence of the observer itself could stimulate perceptions of 'community' amongst those being observed as it would provide an occasion for people to reflect upon their "sameness" in comparison with the "difference" of the observer. The mistake would be to assume that transitory perceptions of sameness or 'community' amongst a group of people could be extrapolated into believing that they constitute a 'community' which could work together for other purposes. Indeed Madan (1987) observed that "a grouping which constitutes a community for one set of purposes may not do so for another". One important conclusion of my thesis is that non-members cannot and should not make assumptions about how members understand their communities, Reidy and Kitching should be wary of doing likewise.

Some authors in the community participation literature do indeed argue this. Nichter (1984) criticised health planners for making assumptions about what constitutes a 'community'. In a similar manner, Thornton and Ramphele (1989) also asserted that whilst communities do "exist", they should not be assumed. They observed that political leaders often do presume that a 'community' exists and that it will "agree, cohere, follow and listen". Community participation and community leadership are thought to be natural and more or less available on demand. They argue that using the term does not guarantee that a "community" actually exists "there may in fact be no audience, no willingness to cooperate, no coherent social organisation, no sense of belonging".

The most important question now arises : does it matter? Authors in the

community participation literature suggest that it does. Thornton and Ramphele (1989) observed that in South Africa the Black Consciousness Movement popularised the use of the word community for political reasons. They observed that many subsequent development projects failed in both urban and rural areas because of an assumption that communities actually exist.

Other authors have expressed their surprise at the speed and enthusiasm with which the notion of community participation was popularised in health, in view of the legion of failures of projects incorporating community participation in development. Korten (1979 in Nichter 1984) wrote "the record of earlier community development and co-operative efforts is largely a history of failures, resulting more often in strengthening the position of traditional elites than in integrating poorer elements into the national development process." Of the experiences of development in Latin America, Ugalde (1985) reflected that, with the exception of Cuba and Nicaragua, community participation had not only failed to improve the quality of life of the majority, but had additionally exploited the poor by extracting free labour. It had contributed to their cultural deprivation and to political violence by the ousting and suppression of leaders and the destruction of grassroot organisations. He observed that "inspite of the promotional efforts made by international agencies" there are no success stories of community participation in Latin American health programmes. Madan (1987) similarly reflected that the renewed enthusiasm for community participation in health in India was set against a background of "disappointments" in development "stretching over more than half a century". Woelk (1992) warned of the danger of community participation "becoming hackneyed and even cliched" as the "chorus" of the desirability of community

participation continued in the face of the "history of failure and a legion of programmes and projects involving community participation in health". Although these authors do not directly and solely attribute these failures to a misplaced assumption that the areas in which people were working were 'communities' it is strongly suggested by Korten (1979 in Nichter 1984) and Ugalde (1985) that this was one of the reasons.

7.5 Community leaders and community representation

In chapter six I explored the experiences of my informants when they try to operate their notion of community in their pursuit of 'community representatives' for Health For All steering groups. I revealed that rather than being able to draw on one or more recognised and acknowledged 'community leaders', they found themselves forced through circumstances to identify for this role employees from one small segment of the voluntary sector, the funded voluntary organisations. Thus they commenced their pursuit of community participation with the motivation at least in part, as I demonstrated in chapter one, to extend democracy through involving 'communities' in making decisions about their health and they found themselves instead devolving power to a small elite group within the voluntary sector. I revealed in the last section of chapter six that some of these 'representatives' perceived that one consequence of their involvement as community representatives was the enhancement of their position as privileged funded groups thus accentuating inequalities and generating conflict between organisations in the voluntary sector.

Similar observations can be found in the literature. Thornton and Ramphele

(1989) asserted that the need to have "community participation" not only in implementation of projects but in their planning and evaluation as well encouraged and often sanctioned the emergence of "'community leaders' whose qualifications...may be dubious". They described in some detail the example of Johnson Ngxobongwana, "Mayor of Crossroads" squatter camp, who was promoted by largely by well-meaning outsiders to the position of 'community leader' whilst allegedly repressing and economically exploiting local people. They revealed, in a very similar way to the discussion in chapter six, that at first he was regarded as "good" and was promoted by local people because he had certain practical advantages over the rest of them. They reveal that these were that he had a van and did not charge for helping people out using it, he did not go to work so was around during the day:

> "Ngxobongwana was the person always around in the community. Slowly lots of things, like reports of things happening in our absence and messages from the authorities used to get left with him. In this way Ngxobongwana got to be more and more powerful" (Cole 1987 p.44 in Thornton and Ramphele 1989)

They wrote that in their eagerness to get involved with "the community" well meaning people in South Africa ended up establishing relationships with the most visible people who tended to be very articulate spokespersons of "their people". They observed that this could have, sometimes serious, consequences for people of "the community" in question.

In my study I was not able to explore in any depth the consequences of the

creation of and participation with the voluntary sector "elite", however, authors writing in the literature observe that in such situations project usually fail to succeed in engaging the non-elites. For example, Reidy and Kitching (1986), writing of primary health care projects and the recruitment of village health workers asserted that there is a "recurring tendency" for primary health care workers to be recruited largely from the 'less poor' in rural areas, even when attempts were made not to do this. They identified this as the explanation for their observation that community participation in rural health programmes and take-up of the services offered by those programmes tended to be monopolised by these 'less poor' people who also have more formal education. Thus, they argued, that the better off take a disproportionate share of the benefits for themselves. One area of future research which arises from my thesis is to examine the extent to which participation in Health For All projects remains confined to the voluntary sector elite and the extent to which benefits, if any, that follow from such participation are retained by the elite or shared throughout and beyond the voluntary sector.

Although the voluntary sector representatives in my study indicated that they tried very hard to be "good" community representatives, frequently elite groups in populations are reported to represent their own vested interests, to the detriment of non-elite groups (Nichter 1984). Authors have cautioned that if people seeking community participation are not aware of this possibility and do not guard against it, what is planned to aid more vulnerable groups may turn out to be of assistance for the elite in the name of the community (Nichter 1984) (Foster 1982). Sometimes the benefits of participation take the form of access to information. Those planning the programme may hope and intend that such

information will be shared throughout the community, but in circumstances of competition for scarce resources, what has been observed instead is that it is hoarded to increase the competitive advantage of the elite (Foster 1982). Community representatives on structures such as Joint Consultative Committees are in just such a position of having access to privileged information, a certain amount of power and are competing of scarce financial resources. There is thus the potential, of which the statutory sector should be aware, for intentional or unintentional abuse of such positions.

Madan (1987) warned that citizens' groups and local representatives "whether in Britain or Burma" only speak for certain segments or interest groups rather than mirroring community interests. He argued that the pressure and control that such groups exercise should not be confused with community participation and that they were "known to be" faction ridden, inefficient and corrupt. The so-called people's representatives could function altruistically on behalf of other groups or selfishly for their own political goals.

In chapter one I discussed some of the reasons why community involvement in health was regarded as being important. Kickbusch (1986) argued that this was in order to impose democratic accountability on those in power and Adams (1989), that it was about challenging the right of politicians and bureaucrats to make decisions on behalf of the people. The manner in which I have demonstrated that community participation on Health For All steering groups is organised in practice reduces popular accountability rather than extending it. It replaces politicians and bureaucrats who at least have formal accountability structures either through nomination for office and periodic election or through

their employment and the accountability of their organisations to elected councillors or, via the appointed district health authorities to the Minister of Health, with people who have none. Community representatives who are selected from voluntary organisations can not be held accountable for their decisions through the sanctions of loss of office, which elected politicians have, or of loss of employment, for they stake neither on the decisions they make and views they express in the name of the 'community'.

It might be argued that people who do not consider their 'representatives' to be good could set up their own voluntary organisation with other like-minded people and attempt to replace them on the steering group. I have demonstrated that this course of action would only be possible to use in very exceptional circumstances because only organisations with funding and staff are in practice able to 'represent' the 'community'. I believe that the notion of 'community representation' is misconceived and what is needed is to determine what is beneficial and of value in lay involvement in health at a more macro-level and to devise processes or structures which enable this. What form they should take is an area for further research.

Some authors in the community participation literature believe that greater use should be made of existing political structures. Ugalde (1985) argued that decision-making, planning and management of health programmes are political functions and should be done by political bodies with constitutional rights and obligations, for example municipal councils. Vuori (1984) review several approaches; nomination by special interest groups, he argued, would be biased; the election or appointment by the authorities would favour elites and vocal and

powerful groups. Even if "a serious attempt" were made to have the most important community interests represented, many problems would arise. One way to solve the problems, he suggests, is to select the community representatives on a political basis and to bestow upon the participation mechanism the same powers that are vested in other political institutions. "If...in many areas of life the political parties are believed to be the best representatives of the community's different and often conflicting interests, why couldn't this notion be expanded to community participation in health care" he wrote. The members of the participation mechanisms could be either directly elected by the population, the candidates having been nominated by the parties, or they could be elected or appointed by the politically-elected general decision-making bodies, such as the municipal council.

However some would argue that such views appear to be equally unsatisfactory as they over emphasise the degree of accountability of politicians and under-emphasise the extent of political "apathy" which has been reported by political sociologists (Almond & Verba 1963). It may also party politicise an area of life and so restrict the contributions which can be made by those outside these processes (Paul and Demarest 1984). Many political scientists regard the western model of elected democracy to be in practice not very democratic at all (Lucas 1976 p.198). This undoubtably is the root of many of the desires expressed or extending participation in other ways. The question of how a truly democratic system for involving people in more macro-level decision making can be achieved has been the preoccupation of political scientists for at least the last two centuries and is quite beyond the scope of this thesis.

I am not suggesting that health authorities should stop working with voluntary sector organisations. Community participation is in part valued because it enables a lay perspective to be incorporated into programme planning (Bracht and Tsouros 1990). What is needed is to cease considering voluntary organisations to represent an idealised 'community' and to start valuing them in their own right for what they can genuinely offer. Voluntary organisations are undoubtably a source of expertise, often based on different knowledge and experience from that of other experts. Many of them try to represent the interests of particular sections of the population, for example MIND purports to represent the views and interests of mental health service users, the National Schizophrenia Fellowship is regarded as representing the families of people with mental illness (Easterling T: personal communication). They should be valued for the contribution which they can make from that perspective; their opinions weighed in the context of the constituency which they represent. Their incorporation into decision making should be on the basis of recognition of this expertise, on a par with professional and other areas of expertise, rather than envisaging that they can represent a notional truth or higher authority of 'the community'. Understood in this way it would not matter whether such organisations were representative or not, so long as no one expected them to be. Such a model would not enable to devolution of power from the "politicians and bureaucrats". The idea of justly devolving power over collective decision-making to the 'community' is an impossible dream. What is required is an intensification of efforts on improving the decision making, choice and the rights of redress within existing processes rather than pursuing the holy grail of community control.

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APPENDICES

APPENDIX 1

Details of informants

POSITION	No.	Men	Women	Ages 30s	40s	50s	60s
Health Sector							
Director of Public Health	3	1	2		2	1	
Manager of Health Promotion	4		4	1	3		
Project coordinator	3		3	1	2		
Health Promotion Officer	3		3	2	1		
Community nurse Manager	2		2	1	1		
Senior Lecturer	2		2		1	1	
Local Government							
Councillor	1		1				1
Department Director	4	4			4		
Neighbourhood Services Manager	3	1	2	1	2		
Other Local Government Officer	7	4	3	6	1		
Police Officer	1	1				1	
Voluntary sector							
CHC secretary	3	1	2			3	
VSC director	3		3	2	1		
Project worker	11	3	8	7	4		

Ethnicity : my informants included one North American, four South Asians, one Afro-Caribbean and one African.

APPENDIX 2

THEORY AND PRACTICE IN COMMUNITY PARTICIPATION IN HEALTH PROMOTION IN FOUR DISTRICTS IN THE NORTH EAST THAMES REGION

COMMUNITY PARTICIPATION

THEORY	PRACTICE
Who is the community?	Description of the characteristics of "the community" for each project.
What is the community's role in projects?	Description of the project in general - overview, key-players, history. Role of the community in: Initiating the project Choosing the subject (assessing own health needs) Leadership Decision-making/Management of project Resource allocation Agenda setting
What is community participation?	Analysis of the above
Why do we do community participation - outcomes?	Any evidence/views?
[Rationale for separating health education from health promotion/community participation?	Where is community participation done in a district (under which auspices)? What topics involve CP and what traditional health education?]
Why involve the comunity?	

APPENDIX 3

RESEARCH ON COMMUNITY PARTICIPATION IN HEALTH PROMOTION IN NORTH EAST THAMES REGION

The aim of the research is to examine ways in which community participation in health promotion is approached in four districts in North East Thames Region. For each district in the study, the intention is first to draw up a profile of current health promotion activities and identify which projects and areas of work include community participation among their ways of working. Following this, to tape-record semi-structured interviews about the subject with relevant key people in the health authority, local authority and members of the local community who are involved in projects. The interviews will explore approaches to and understanding of community participation and the form it takes in particular projects.

All the information gathered will be strictly confidential and the results will be presented in anonymous manner in the final thesis and in any publications or presentations which result.

APPENDIX 4

London School of Hygiene & Tropical Medicine
(University of London)

Keppel Street, London WC1E 7HT
Tel: 071-636 8636 · Direct Line: 071-927 · Telex: 8953474 · Fax: 071-637 3238

Health Promotion Sciences Unit
Dept. of Public Health and Policy

Head of Unit: Klim McPherson
Professor of Public Health Epidemiology

date as post-mark

Dear

RESEARCH ON COMMUNITY PARTICIPATION IN HEALTH PROMOTION IN NORTH EAST THAMES REGION

Thank you very much for agreeing to be interviewed. Your assistance has been invaluable. I hope that at the conclusion of the project I will be able to return and share my results with the Steering Group. I would like to take this opportunity to reassure you that any information you have given me will be held in strict confidence and will be presented in an anonymous fashion in the results. Neither yourself, nor the district will be identifiable.

Should you have any concerns about this on any other matter please feel free to contact me at the London School of Hygiene.

Thank you again for your help.

Yours sincerely

Dr Rachel Jewkes
Honorary Lecturer
Health Promotion Sciences Unit

APPENDIX 5

ANALYTICAL CATEGORIES

Attitudes towards the local authority
Attitudes within the local authority
Community participation - general
Community
Community development
Community workers
Developing an interest in HFA/Motivation for involvement
Distrust/attitudes towards the health authority
Empowerment
Fulltime workers
Health needs assessment
Health
Health promotion
Healthy cities -role, work
Healthy Cities steering group -membership
Healthy Cities - initial response
Healthy Cities project
Interagency working
Multisectoral collaboration
'New ways of working'
Output
Prioritisation / community decision-making
Representation
Voluntary sector

APPENDIX 6

FORMAL DEFINITIONS OF COMMUNITY

1. "Everybody ... in [the Borough]"

"Everybody, the statutory/ voluntary /business, the whole gammit. Everybody who lives and works in [the Borough]"
"Everybody who lives in the London Borough... and maybe everybody who comes to work in the London Borough"
"Anyone who lives in [the Borough], anyone who has a stake in it. A personal stake. I'm not so interested in the business community... so people who live in [the Borough] and the ones who have to use the health and social services"
"I suppose the comunity is everybody who lives and works in [the Borough] in its broadest"
"The community are the people who live here...not necessarily the people who work here, but the people who live here and use the resources which are here the shops, facilities, whatever"
"All the people who live, work and visit the borough"
"The community is the people who live in the borough"
"Borough residents, various ethnic groups..people who live in [the Borough], thats what I would see as the community"
"Everybody, everybody in both boroughs. We cover the Boroughs of ... and ... and a bit of Hertfordshire, its the whole community"
"All the people who live in [the District]"
"The people of Newtown"
"Newtown is a very defined community"
"Whoever lives here...the whole of [the Borough] or whoever lives in [the Borough]"
"People who live, work and have in someway an association with the borough, that's at its very broadest"
"I've just got a picture of the people who live in the borough, really everybody"
"The people who live in the borough, really everybody"

2. "People who come together because they share something"

"An area where people have lived a long time"
"People who come together because of shared residence,.. a common deprivation like minority ethnic groups,..a health problem e.g drug users"
"You are talking about a geographical community to start with but also...communities of interest e.g older people"
"The community is lots of different people ..it can be a street or a social group or an age-group or whatever"
"People come together for all sorts of reasons, not just geographical location, it may well be other things which they have in common"
"Groups with similar purposes and aims in life"
"Something that actually brings people together [e.g] various villages, various groupings that actually have some identity"
"Different groups and different people depending on the situation...sometimes users are the community"
"Groups who have particular needs e.g black and minority ethnic groups and people with learning difficulties"
"Its people out there relating to our programmes"
"Ethnic groupings, local geographical groupings"
"What is your community? it may be one street, one side of a street or whatever"
"This group here and that group there and a group somewhere else or whatever..so it might be black and minority ethnic groups, disabled people, older people, people using mental health services"
"My health promotion unit was all work based so my community was the work force"
"Schools they have a "school community" as such because they have the parents which make up the community, the governing bodies which make up the community"

3. The groups and people

"The voluntary organisations and the residents"
"For me it would be disability groups and disabled people because that's my remit"
"The groups and people not in the groups. The real task is to get at the people not in the groups"

APPENDIX 7

INFORMAL DEFINITIONS OF COMMUNITY

1. People who share something

a) "People who share needs"
such as those that arise from having to exist on a pittance
"Health needs"
"Other than those put forward to the Health Authority by the people from the voluntary sector with whom it usually works"
b) "People who receive services or even social services"
c) Working class people
d) Black and minority ethnic groups e.g"Bengalis"
e) Race e.g "The white community"
f) White, heterosexual, elderly community
g) Muslim community
h) Regional groups e.g"the West African community"

2. People who become "a community" because someone wishes to work with them or they work with a community worker

a) "I suppose its whoever you are aiming to work with at that time"
"The churches"
"People who haven't been empowered so far"
"Users...our members...older people"
"Residents of [two named] wards"
b) People who attend meetings of the community
c) People from Black and minority groups who community workers work with

3. People at an elementary level

a)"People who don't belong to any of those groups"
"Not the voluntary sector"
"People who carry on their lives and don't see themselves involved in community participation"
b) The electorate of councillors
c) "The public at large"
"The general population" "People" "Grassroots"
d) "People who actually feel that nobody has been listening and nobody really understands"

4. Definitions couched in contrast to the statutory sector

a) Voluntary organisations
The voluntary sector
b) Outside hospital e.g Community nurses
c) Non-statutory

5. Place

"Members in the community"
"I live in the community"

6. Type of place

a) "Group or area of town"
"People in surrounding roads"
b) Village
c) An area where there is neighbourliness
d) "People and families who have been here for generations and generations"

7. Geographical area e.g the Borough

8. People who live in a particular locality

Residents' associations
Tenants' associations
"Local people"

APPENDIX 8

MODEL OF THE "GOOD" REPRESENTATIVE

Being "known"
Being able to represent several organisations
Being "in touch"
Having a mandate
Represent the voluntary sector voice
Non-aligned
Not having personal axes to grind
Having an office
Having a paid worker
Being able to understand the technical language
Being able to commnicate in English